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H O M Œ O P A T H Y

AND

ITS PRINCIPLES EXPLAINED.

HOMŒOPATHY

AND

ITS PRINCIPLES EXPLAINED.

BY JOHN EPPS, M.D.

DIRECTOR OF THE ROYAL JENNERIAN AND LONDON VACCINE INSTITUTION, LATE CONSULTING PHYSICIAN TO THE MANCHESTER HOMŒOPATHIC DISPENSARY,
CONSULTING PHYSICIAN TO HARRISON'S SPINAL INSTITUTION,
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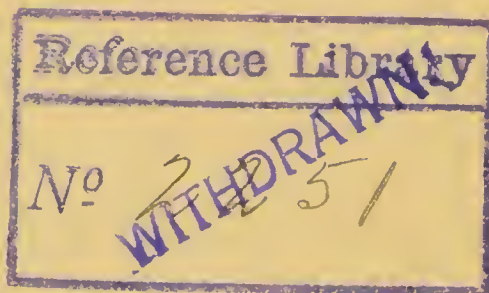
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P R E F A C E.

This edition of this work is presented to the public under the conviction of the existence of a demand for information on Homœopathy; a conviction impressed upon the author's mind by the repeated application of his booksellers for the work, the first edition having been for a long time out of print. He has endeavoured, so far as the interruptions of a professional life have permitted, to render the work as complete as possible. He has laboured to bring out the truth, in regard both to the old systems of medicine and to the new system. He has striven to avoid the spirit which has been exhibited by the literary organs of the medical profession; a spirit, in its manifestation, marked, with a few exceptions, by a vulgarity of the most gross character. If the author has felt it his duty to designate any conduct, he has preceded such designation by quotations from the writings of the parties designated, which amply justify the designation given.

It is believed that no one can read the chapter in this volume, presenting the facts connected with Hahnemann's career, without feeling veneration for the character, the industry, and the genius of that illustrious man. It exhibits a moral hero: whom some future "Carlyle" will chronicle among the objects of "Hero Worship."

A chapter in this work, deemed worthy of peculiar attention, is that which treats of the *Action of Nature in Disease* ; a subject on which much error prevails, and yet one on which correct views are of the highest importance. In this chapter the source of the fallacies usually put forth is unfolded in the distinction drawn between the actions of a merely *injured* and those of a *diseased* part.

Some matters, which did not fall in exactly with the nature of the work, have been collected in an Appendix ; among these stands pre-eminently important, the case of Mr. C. T. Pearce, who has had the honour of being the first victim on which the lowest grade of allopathists (for there are gentlemanly allopathists) has temporarily succeeded (though afterwards triumphantly defeated) in inflicting its hate.

JOHN EPPS.

London, 1850.

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CHAPTER I.

Certain axioms in regard to the discovery and the propagation of truth.—The perfection of truth.—Definition of a genius. Opposition to the discoverers and the applyers of truth. Triumph of truth.—The undignified opposition to Homœopathy.—The three kingdoms in nature.—General and distinctive features.—Life and its actions.—Organs and functions.—The conditions necessary to health.—Exhibitions of health.—The conditions necessary to disease.—Exhibitions of disease.—Points of contrast between health and disease.—Picture of a medical warrior.—The heroic system of medicine.—The physician's object.—The means by which he realises his object.—Remedies.

The peculiar position, in which the professional advocate of CHAP. I.
Homœopathy at present stands, being one of antagonism to the majority of that profession to which he belongs, renders it necessary, or, at least advantageous, that any history or explanation or defence of what the homœopathist believes in reference to medical practice, to be the truth, should be prefaced by a brief reference to the treatment which Truth has, in all ages, experienced when first introduced to the notice of mankind.

HISTORY, the record of the experience of individuals in past times; OBSERVATION, the experience of the individual in times present; and the CONVICTIONS, produced by the observation of mental phenomena and of the steps through which the mind has passed in its several progresses towards truth, testify to the following axioms:—That truth has been discovered at distinct and often at distant intervals; That the opposition, always created upon the discovery and the diffusion of any truth, has been proportioned in strength, intensity, and amount, to the interests

CHAP. I. which the truth, by the very necessity of its nature, either must, or appears likely to, overturn; and, That truth has ultimately triumphed.

In regard to the first axiom, that TRUTH HAS BEEN DISCOVERED AT DISTINCT AND OFTEN DISTANT INTERVALS, do not the facts, that the world has existed so many hundreds of years, and that, though so much truth has been discovered, so much remains undiscovered, testify to the soundness of this axiom? This axiom does not imply that truth was ever imperfect. It came perfect from the Divine mind, and exists in the universe in all its glorious perfection. Even ancient mythology teaches this, when it in its poetic relation declares, that Minerva, the goddess of wisdom, came forth from the brain of the mythological chief god Jupiter, fully formed and perfectly armed; a relation vividly testifying to the belief among the philosophers of olden times in the, as originally created, perfection of truth. In reference to the essential perfection of truth, and, at the same time, its gradual discovery by man at distinct and often distant intervals, how appropriate are the beautiful imagery and the forcible language of Milton, in his speech for the liberty of unlicensed printing, addressed to the parliament: "Truth indeed came into the world with her Divine Master, and was a perfect shape, most glorious to look upon; but when he ascended, then straight arose a wicked race of deceivers, who took the virgin truth, hewed her lovely form into a thousand pieces, and scattered them to the four winds. From that time ever since, the sad friends of truth, such as durst appear, went up and down, gathering up limb by limb still as they could find them. We have not found them all, lords and commons, nor ever shall do, till her Master's second coming: he shall bring together every joint and member, and shall mould them into an immortal feature of loveliness and perfection."

Indeed, the truths of creation have been written on the pages of that wide spread book ever since the day when the sons of God shouted for joy on beholding the beautiful lines of the Divine hand-writing; that hand-writing has been there ever since; but a genius, one, who can read and record with a beauty nearing to its perfection, the fingering of God, has appeared only once in a century; and it was not till the last century, that the genouised eye of Hahnemann read the great truth, which the

Divine mind has established *to regulate the action of the bodies,* CHAP. I.
created for the cure of man's diseases.

The second axiom, THAT THE OPPOSITION, ALWAYS CREATED UPON THE DISCOVERY AND THE DIFFUSION OF ANY TRUTH, HAS BEEN PROPORTIONED IN STRENGTH, INTENSITY, AND AMOUNT, TO THE INTERESTS, WHICH THE TRUTH, BY THE VERY NECESSITY OF ITS NATURE, EITHER MUST OR APPEARS LIKELY TO OVERTURN, is too well attested to admit of doubt. It is established as a fact, and its establishment is a glorious step in the progress of mind. Who does not know how Galileo was persecuted because he discovered and demonstrated what the Creator had appointed, namely, the earth to go round the sun? Who does not know how violently the Newtonian system of gravitation was opposed? Who has not heard how the illustrious Harvey was persecuted by his medical contemporaries for discovering and describing the way in which the Creator directed the blood to circulate? Who is not aware of the opposition which inoculation with the small pox encountered? And, to descend to a still later period, are not many now living, who have heard the abuse heaped upon Jenner, for his glorious dis-

* Lady Mary Montague protested that in the four or five years immediately succeeding her arrival at home, she seldom passed a day without repenting of her patriotic undertaking; and she vowed she never would have attempted it if she had foreseen the vexation, the persecution, and even the obloquy it brought upon her. The clamours raised against the practice, and of course against her, were beyond belief. The faculty all rose in arms to a man, foretelling failure and the most disastrous consequences; the clergy descanted from their pulpits on the impiety of thus seeking to take events out of the hands of Providence; and the common people were taught to hoot at her as an unnatural mother who had risked the lives of her own children. We now read in grave medical biography, that the discovery was instantly hailed, and the method adopted by the principal members of that profession. Very likely they left this recorded; for, whenever an invention or a project—and the same may be said of persons—has made its way so well by itself as to establish a certain reputation, most people are sure to find out that they always patronised it from the beginning, and a happy gift of forgetfulness enables many to believe their own assertion. But what said Lady Mary of the actual fact and actual time? Why, that the four great physicians deputed by government to watch the progress of her daughter's inoculation, betrayed not only such incredulity as to its success, but such *an unwillingness to have it succeed*—such an evident spirit of rancour and malignity, that she never cared to leave the child alone with them one second, lest it should in some secret way suffer from their interference.

CHAP. I. covey, that vaccination is a protection, appointed by heaven, against the devastator, small pox.*

Inventors have had a similar opposition. How Franklin was denounced for his impiety in using lightning rods to draw away uninjuriously to the earth heaven's lightning? How Arkwright was insulted and ridiculed when he invented the spinning jenny? How Windsor was denounced as a visionary when he exhibited the plan of lighting London with gas? And was not Fulton deemed almost insane when he asserted that he would navigate the ocean by steam?

An opposition equally powerful has been raised against the discoverers of moral and religious truths. When the strong-minded, the profound-reasoning Paul, had declared at Ephesus the great principle, that to worship images is irrational and contrary to truth, so strong was the opposition of Demetrius and others, engaged in making silver shrines for the imaged goddess Diana. that "they with one voice for about the space of two hours, cried out, Great is Diana of the Ephesians," Acts xxiv. 34.

Whateley, the logician, has expressed the state of matters in reference to this axiom very clearly:—"In proportion as any branch of study leads to important and useful results—in proportion as it gains ground in public estimation—in proportion as it tends to overturn existing errors, in the same degree it may be expected to call forth angry declamation from those who are trying to despise what they will not learn, and wedded to prejudices which they cannot defend."

In the contemplation of these struggles how encouraging is the third axiom, THAT TRUTH HAS ULTIMATELY TRIUMPHED.

* "How was this still greater discovery of the immortal Jenner received—Vaccination? Like every other discovery—with ridicule and contempt. By the Royal College of Physicians, not only was Jenner persecuted and oppressed; but long even after the benefits which his practice had conferred upon mankind had been universally admitted, the pedants of that most pedantic of bodies refused to give him their license to practice his profession in London; because, with a proper feeling of self-respect, he declined to undergo at their hands a school-boy examination in Greek and Latin. Even religion and the Bible were made engines of attack against him. From these Errhman of Frankfort deduced his chief grounds of accusation against the new practice; and he gravely attempted to prove from quotations of the prophetic parts of Scripture, and the writings of the fathers of the church, that Vaccination was the real *Anti-Christ*."—Dickson's *Fallacies of the Faculty*.

Many indeed have been the difficulties she has had to go through. Well has it been observed by an ecclesiastic, "Truth is a guest that often brings those who entertain her into trouble."* Flames, faggots, tortures, racks, fiery furnaces, were, in ancient times, the lot of her adherents. In modern times, prisons, law-expenses, transportations, exilings, have been and are the portions; but still truth has risen triumphantly over her foes, and the experience of the past abundantly justifies the zealous admirer of a truth, not as yet received, to expect that, in time, the object of his admiration will be the admiration of millions, and what may have been to him misery, or at least suffering, will be, to thousands, joy.

These axioms have a relation to Homœopathy, as subject, even at the present time, to an opposition, not characterised by the dignity, which becomes those, who profess to be scientific, and not regulated by a regard for the decencies, which ought always to be manifested by all who represent themselves as engaged in the practice of a profession, more especially having to do with conditions, which, of all others, must tend to humanize the mind.

These axioms will serve to explain why Homœopathy was not discovered before, why Homœopathy has been so violently and unfairly opposed, and why to the struggle for its establishment a successful issue may be expected.

What is this Homœopathy?

To make the answer to this question clear and thus to demonstrate the truth of Homœopathy, it will be necessary to notice some particulars in connexion with LIFE; for it is to life in its modifications that Homœopathy has relation.

The observant mind looks over the universe and beholds an immense variety of objects; in fact, they seem innumerable. Confusion must result from this view, was not the mind endowed with a power which leads to the arranging of bodies, having similarities, into groups.

This power in exercise has led to the referring of all natural objects to one or other of three great divisions, which, on the account, that the individuals belonging to each division are regu-

* Bishop Horne's Sermons, vol. i. p. 266

CHAP. I. lated by certain laws distinctive of each, are designated KINGDOMS: and the mineral kingdom, the vegetable kingdom, and the animal kingdom, are phrases appreciated by all.

One feature specially marks the objects of the mineral kingdom: it is the absence of life. These objects are said to be inanimate. Wanting this life, they in general have a dull, a sombre hue, an inactive appearance. They are valued because useful, and the sources of multitudinous comforts.

How different is the vegetable kingdom! How cheering are the objects belonging to it. Indeed this kingdom by the beauty of its objects affords depositaries in which man delights to place his most genuine and pure feelings. Who has not, at some period of his life, associated with the lily the virgin purity, and with the rose the beauty of her, who has gained the first warm impulses of his heart?

And why is the vegetable kingdom so pleasing? Is it not from this, that the individuals constituting its objects, have life? and life is beauty.

How still more distinct is the animal kingdom. Life is beautiful, but the life of vegetable existence, unaided by the life of animal existence, becomes wearying; but what renders animal life so pleasing? The subjects belonging to it, have, like those of the vegetable kingdom, life, but they have an addition, and that addition is MOTION.

The general distinctions between minerals, vegetables, and animals, all readily recognize. An examination, a little more minute, discovers other distinctions; demonstrates that the parts, composing these individuals, are very different. A sameness, an oneness prevail in the parts of a mineral; but the parts of a vegetable and those of an animal are distinct and diverse in appearance. In fact, they are found to be apparatuses for the performance of *certain duties, connected with life*, and these distinct parts, as performing these duties, are called *organs*; they are the WORKING APPARATUSES OF LIFE.

On examining still more minutely the individual vegetables and animals, it is found, that these work-apparatuses, these organs, become more numerous just in proportion as the *duties* or *functions*, which the individual vegetable or animal has to perform, are numerous and complicated.

Animals have more numerous and complicated apparatuses CHAP. I. or organs than have vegetables, and the fact, that they *move*, while vegetables do not, will explain this; for, as *motion-beings*, they have more duties to perform than beings, which do not move.

Animals themselves differ in the number and the complexity of their organs, and the naturalist has traced the various amount, varying in exact accordance to the functions to be performed by each, from the simplest form of animal existence up to the highest, MAN.

The head of the animal kingdom is man. He has life and has manifestations of that life more numerous and peculiar than any other animal, and he has apparatuses or organs in proportion.

Man, then, so far as his *body* is concerned, is a machine, consisting of many machines or organs: through these machines or organs, the LIFE, animated nature's endowment, *acts*, and the actions, produced by this life operating through these organic parts, *i.e.* the *functions* of these parts, are, in other words, the manifestations of life, appointed by the Creator to take place in conjunction with these parts: they are sometimes called the *manifestations* of VITALITY.

The human machine is, therefore, a little microcosm, in which life acts, realising the wonderful uses, for which the Creator constituted the human being.

The organs of this microcosm, *anatomy* unfolds; the *functions* or uses, *physiology* declares.

As long as these organs are in their *natural*, called sometimes *normal* state, the life, acting through them, presents the *phenomena of vitality* in so beautiful an order, so suitable a harmony, that nothing but the habituation to the phenomena prevents the mind being struck with wonder. These orderly phenomena, these beautifully harmonizing manifestations, are HEALTH.

Sometimes life, from its dawn to its close, presents a successive series, varying according to age, of these orderly phenomena, these beautifully harmonizing manifestations.

Thus the living human being is seen to pass from the helplessness, the vegetative happiness, or, at least, comfort of infancy, into the playfulness and the prattling and the rapid development of childhood: the childhood's playfulness into the life-full, the

CHAP. I. firmer, the more settled activity of youth, the prattling into full developed speech, and the softness of the frame into solidity combined with softness : then the youth gradually assumes the forms of manhood, and the girl the beauties of womanhood, the mind expanding with the body : the impassioned eye, the new tendernesses of nature proclaim the development of feelings, that add, in their proper activity, some of the highest charms to life : the previously single become united by that invisible link, of which marriage is merely the visible sign ; and the result is, *a new existence*, in which, if not the physical and mental features of both parents, at least the feelings of love in both, are concentrated. The mature man endued with powers of mind, is seen struggling with manly energy and persevering assiduity in his duties, cheered by her, who is his helpmeet ; and life onward moves till moulded into a more sobered aspect, the aspect of old age ; and, at last, having distributed to their rising descendants the results of their matured wisdom, the aged, softened by their kindlier sympathies, surrounded by their offspring, fall asleep, satisfied with the enjoyments they have had in time, and regarding these as a foretaste of those they have to enjoy through eternity.

Of what is this the picture ? Of what but an uninterrupted possession of that state of organs, through which, the life acting produces that beautiful harmony of manifestations, called health.

Such a picture is *sometimes* to be beheld : it would be *always* beheld, were men for a series of generations to act in obedience with all the laws of the Creator.

But though this picture of undisturbed, of harmonizing manifestations may be seen, sometimes, in all its untarnished glory, more frequently varied and bedimmed, other less pleasing pictures are very frequently forced upon the notice.

Behold the little infant, attacked with severe pain, writhing in convulsions, burned up with heat, rejecting the very breast, on which it used to hang with inexpressible satisfaction ; and, combined with this, is seen the anxious eye of the mother, dull with the lengthened watching. And what is this ? Is it health ? No. It is life ; but is it life acting in a regular way ? Surely not,—it is life acting in an *irregular* way—it is DISEASE.

Again, behold the youth, full of power, “with marrow whose bones are moistened,” in the hey-day of life, affected with turgid cheeks, flashing eyes, enlarged and throbbing arteries in his temples, talking madly, trying to break from the kind hands that restrain him. What is this? Is it life? Yes, it is. Is it life in regular action? No. It is life in irregular action—it is DISEASE.

See the full grown man, the centre of the social circle, the provider for the wants of his happy home, the bread-winner for them all—the man of strong energy, of active habits—laid on the bed of sickness: See his pallid look, his anxious countenance, his sunken eyes, his panting nostrils, his brow clothed with the cold damp of death, his fingers convulsively active in picking the bed clothes; and, at his side, see the loved one, who lives in him, living a new life—a life of unsleeping activity, watching every look and speaking thanks in her looks at every respite from his pains, his restlessness. What is this? Is it death? No; it is life, exhausting itself in its destructive efforts—it is DISEASE.

What then is disease but *IRREGULAR, ABNORMAL, manifestations of life?* Disease is *vitality disturbed in its manifestations*: life, not disturbed in *its own nature*, but disturbed, because the *apparatuses, the organs, through which it acts, are not in their natural, their normal, their regular state.*

Health, then, is life, acting through the organs of the body in their natural, their regular, their normal condition: disease, also, is life, acting through the organs in an unnatural, an irregular, an abnormal condition: in other words, health is life, acting through healthy organs: disease is life, acting through unhealthy organs.

But it is *LIFE IN BOTH*. Disease and health, both are life's actions, both are the effects of vitality.

The conditions, essential to health, are life and a natural condition of the organs; a condition, like that in which they were created, and in relation to which they were pronounced “good.”

The conditions, essential to disease, are life and a condition of the organs contrary to nature, in which disturbed condition the life, acting through them, will, in most cases, if unaided, end in death.

CHAP. I. Health is the rule ; disease is the exception : health is the standard ; disease is the deviation from that standard : health is the offspring of the harmony existing between the life and the organs ; disease is the offspring of the discord between the life and the organs.

Health is the straight line, beginning and ending in life, and in God, the Author of life: disease is the deviation from the straight line, beginning in the violation of the Creator's law, as recorded in man's physical constitution, and ending in death.

A swimmer goes into deep water : he makes a regular and slow effort, keeps himself buoyant, and is saved. A person, not a swimmer, gets into deep water, uses violent efforts, struggles hard, and exhausting himself with the struggling, sinks.

Both use their muscular power ; the one to safety, the other to destruction. Health is the name for the graceful, the safety-producing action : disease is the name for the violent, the destructive action.

Disease is the name for the phenomena of life disturbed in the manifestation of the phenomena, the struggle : it bears the same relation to these as the word " battle " bears to the phenomena, exhibited in killing, piercing, cutting, shooting, dying, which a field of battle presents. A battle can be fought, but you cannot fight *the* battle.

There is no self-existent, independent matter or thing, called disease, to overcome ; it is only life, struggling injuriously.

To conclude these illustrations : health is regular, orderly active life : disease is irregular, disorderly active life.

Beautifully and cleverly has the talented author of " the Past and the Present " remarked, " All misery is faulty misdirected ; strength that has not yet found its way." The same is definitive of disease.—" It is life-power misdirected : it is life's strength that has not found its way."

These illustrative explanations of life and disease have been made thus numerous, because of the importance connected with accurate notions of what disease is : since if this view of disease be understood and adopted, the dreadfully destructive notion will be annihilated, which actually imagines that, *in destroying the power of life to* MANIFEST SYMPTOMS, disease is overcome :

a notion practically founded on the oftentimes fatal assumption, CHAP. I.
that there is more power in disease than in health.

Necessary, indeed, are these illustrations, for how common is the phrase, “overcoming disease:” and the phrase is common because the idea of overcoming disease is almost universally prevalent; hence the phrases, “the more violent the disease, the more violent the remedy;” “violent diseases require violent remedies.”

With such maxims as these influencing the minds of medical practitioners, it is no wonder that violent medicinal means should abound: no wonder that medical practice presents

Bleedings,	Moxas,	Salivations,
Leechings,	Issues,	Emetizings,
Cupplings,	Tartar emetic rubbings,	Drastic purgatives,
Blisterings,	Mustard poultices,	Opiates,
Setons,	Mercurial frictions,	&c. &c. &c.

What a dreadful warrior is the old system medical practitioner. Hanging at his side is a war complement of sharp-cutting lancets: dangling from his belt he has a powerful cupping instrument: on his back is a blister: from his shoulders hang plasters: skeins of thread and seton needles are arranged round his neck: issue peas form bracelets round his wrist: a bag of mustard is suspended from one arm, tartar emetic ointment from the other: and some match boxes, with cotton and a lamp to burn holes in the body, to make moxas, he holds in one hand, and, in the other, countless agents, potent against the constitution but not against disease.

Such is his panoply. He is so armed because he has, at least so he thinks, to overcome disease; and so much does the force of his weapons raise him to the character of a slayer, that this system of medical treatment has been and is called the “*heroic*” system.

But the physician’s object is to remove the symptoms, which indicate the life power struggling injuriously: his object is to alter the state of the organ or organs, which the life, acting through, causes the manifestations produced to be irregular, to be diseased.

The inquiry now occurs, WHAT ARE THE MEANS by which he

CHAP. I. can realize this object *quickly, safely, and favourably*, (“*curatio tuto, cito, jucunde.*”)

It is well known, that, between the stomach in the state of health and certain articles in the aggregate called *food*, a relationship has been fixed, which ensures that, when the articles are taken, nourishment must result.

An equally fixed relationship has been established between the body in a state of disease and certain articles, which, when administered as the Creator has appointed, have the power of causing a state, which is simultaneous with the removal of disease.

These bodies are called REMEDIES, and they have, it is likely, existed from the earliest time. In fact, the thought is not to be regarded as altogether visionary, which suggests, that the change which took place at the fall, which converted plants into weeds, might have been arranged so that the diseases which soon were to develop themselves should be successfully antagonised by the properties of the degenerated plants.

It is not necessary to notice either the immense number of medical systems, which have been promulgated at different periods of the world's history, or the still greater variety of medicinal substances.

It will be sufficient to notice the two systems, under which medicines, as acting upon diseases, have been grouped; the first being that, in which the medicines act or are supposed to act, in inducing an *action* in the diseased part or system of a kind *directly opposite* to that, principally prominent in the disease, the practitioner thus expecting to overcome the disease; the second being that, in which medicines are used to induce an action, a new diseased action, in *a part different* from that, in which the disease first manifests itself. The first system is called ANTIPATHIC, or ANTIPATHY, from *αντι*, anti, against, and *παθος*, pathos, suffering; and the latter ALLOPATHY, from *αλλος*, allos, another, and *παθος*, pathos: the former produces an affection *against* or *opposite* to the disease: the latter produces an action in *another* part.

The antipathic method is in one point of view, putting out a fire by heaping *damp* combustible materials thereon: The allopathic is to light a fire in another part of the building to put out the fire in another part.

CHAPTER II.

The Antipathic mode of treating disease.—This method apparently rational, really unscientific.—The cause of sleeplessness.—The absurdity of opiates to force sleep.—Forced sleep not curative.—The injuriousness of subduing pain by opium. Dr. Currie's case.—Opium in subduing pain produces palsy.—Alkalies in acidity of the stomach.—Acids in alkaline urinary deposits.—Alkalies in acid deposits.—The antipathic system founded on a mistake : the mental character of its supporters.

The ANTIPATHIC method is presented under a great variety of aspects. CHAP. II.

To a person troubled with acidity of the stomach, alkaline bodies, which chemically neutralize acids, (carbonate of soda is an instance,) are given. To a patient suffering from alkaline deposits in his urine, acids, such as lemon juice, which chemically neutralize alkalies, are administered. If a person is sleepless, opium, which produces stupefaction and insensibility, is given. To one experiencing excruciating pain, opium, or some other stupefaction-producing substance, is administered : for a person constipated, purgatives are prescribed : for one relaxed, astringents or substances that bind are ordered : and if the pulse is rapid and strong, blood letting, which lowers the pulse and the strength, is practised on the individual.

This method is literally contraries treated by contraries, (contraria contrariis curantur.) This method has, at first view, feasibility. If, in pain, what better than to have the pain relieved ? If sleepless, what better than to have sleep induced ? If the digestive system does not manifest the results of its activity in regular alvine action, why not make those results apparent ?

CHAP. II. An examination of this system will show its unscientific character, its absurdity, its futility.

The individual cases may be examined.

A sick person is sleepless. He prays for something to cause him to sleep. The wish is natural, and the physician ought to be able to aid him. The antipathic physician seeks to aid him by giving him an opiate. In so doing he acts empirically without science. Why is the patient sleepless? Sleep is the natural condition of man for certain hours of the twenty-four. If this natural condition does not occur, there must exist some cause to prevent its occurrence. In other words, in order that sleep should take place, it is necessary that the nervous system should be in an undisturbed, quiescent condition. But the nervous system cannot be in this quiescent condition if any injurious cause is acting upon the system. The nervous system is thereby of necessity disturbed, and the want of sleep is the consequence of this disturbance. And this disturbance of the nervous system causing the absence of sleep, is one of the greatest benefits which it confers on the possessor, for it is by this restlessness that the individual is warned of the existence of some injurious cause acting on his constitution. In fact, this sleeplessness is an effect of the nervous system doing its duty. The scientific, the homœopathic practitioner, devises means by which the injurious cause and its effects are removed, and then sleep comes of nature's wont. What, on the other hand, does the antipathic practitioner? He prescribes opium, that is a means by which the natural, the proper, the warning-giving sensitiveness of the nervous system is deadened, and thus he forces sleep, not by diminishing the power of the injurious agent, nor by altering the conditions which the injurious agency has induced in the living fabric, but by deadening the power of perception of the nervous system. He acts like the man, who attempted to extinguish the fire, by gagging the watchman, who cried out fire.

But note the sleep produced by the opium. Is it a refreshing sleep? It is not, indeed, a sleep; it is a stupefaction. Contrast that stupefaction-sleep with the sleep, which occurs when the diseased state is in process of cure, in other words, when the irregular state of the diseased organ or organs is in process of reduction to regularity.

But in inducing this sleep, does he overcome the diseased condition? By no means: he only masks it. Does he expel the enemy, wearing out the constitution? No: he only hides it. He does to the patient what the cold does to the man, who, from the intense cold is made to feel sleepy: he sleeps, and he no longer feels the cold; but the cold feels him, and grasps in his sleep with his cold hands his beating heart and stops it. But it was *comfortable* for the man not to feel the cold; and, with the comfort he died.

In fact, not only is the disease not stayed by this forced sleep, but it progresses: for, notwithstanding the patient sleeps, the *disease* does not. All that happens is, that *he* does not *feel* it going on: he gains a delusive respite: he sleeps before execution.

To take another illustration, the antipathist gives anodynes or sedatives to allay pain, and he thinks he does wonders. But what is pain? It, like sleeplessness, is an indication, produced by the nervous system by the existence of some injurious cause acting upon the general system. It is a friend this pain. It is the voice of Nature speaking in language loud as she can speak, 'There is danger.' The antipathist gives some medicine, which he says will relieve this pain. But how? by deadening the power of perception on the part of the nervous system. The scientific practitioner will remove the pain, but then he removes the state which causes the nervous system to be impressed so as to cause this pain. In fact, antipathy is empiricism of the lowest kind.

An illustration of this antipathic method, taken from the practice of one who was an ornament to his profession, namely, the late Dr. Currie, of Liverpool. The case is related in his treatise entitled, *Medical Reports, on the Effects of Water, Cold and Warm, as a Remedy in Fever and other Diseases, &c.*

"George Gardner, a soldier in the Staffordshire militia, was put under my care by his officers, on the 20th of February, 1781. About a fortnight before, after severe dancing and hard drinking at a country wedding, in which he had been employed two days and nights, he fell suddenly into a fit, which lasted an hour and a half, during which his consciousness was abolished. The head was pulled towards the left shoulder, the left corner of the mouth was thrown upwards, the eyes were hollow, the counte-

CHAP. II. nanee pale and ghastly, the face and neck bedewed with a cold sweat; but his most distressing symptom was a violent pain under the ensiform cartilage, with a sudden interruption of his breathing every fourth or fifth inspiration, by a convulsive hiccup, accompanied by a violent contraction of the muscles of the abdomen and lower extremities. He felt on this occasion as if he had received an unexpected blow on the pit of the stomach. Before I saw him he had been bled and vomited repeatedly, and had used the warm bath, not only without alleviation but with aggravation of his complaints.

“ He first took a grain of opium every other hour, afterwards a grain every hour, and at last two grains every hour; but he grew worse and worse during the two days on which this course was continued. The spasms extended to the back and shoulders, the head was at times retracted, and the muscles of the abdomen partook of the general affection. Being no longer able to swallow the pills, he took no medicine of any kind on the night of the 22nd, in the course of which general convulsions came on, and returned once or twice in every hour. The tincture of opium (liquid laudanum) was now directed to be given, and an ounce of the quick-silver ointment to be rubbed in on each thigh. In twenty-four hours he took two ounces and a half of the tincture without sleep or alleviation of pain. The dose being increased, in the next twenty-six hours he swallowed *five ounces and a half* of the laudanum, a quantity which, at that time, was I believe unexampled. He lay now in a state of torpor. The rigidity of the spasms was indeed much lessened, and the general convulsions nearly gone; but the debility was extreme; a complete hemiplegia, (a loss of power in one half of the body), had supervened; the patient’s eyes were fixed, and his speech faltering and unintelligible.”

How instructive is this case. The pain was deadened by the opium, but it was so only because the opium had so destroyed the power of the nervous system, as Dr. Currie acknowledges, as to produce palsy.

But the patient was not cured of his disease by the opium. “ As this young soldier appeared on the utmost verge of life, it seemed no longer safe to continue the laudanum, which had relieved spasm only in so far as it had brought on general

paralysis. For the next six days he seemed to revive: the convulsions kept off, though the twitchings and convulsive hiccup continued. But on the night of the 1st of March he was seized, during sleep, with a convulsion as severe as ever, and this was followed by a return of all his symptoms with their former violence. The jaws were indeed more completely locked than before, deglutition was become impossible, and the pain under the ensiform cartilage was so extreme as to force from the patient the most piercing cries. CHAP. II.

The preceding illustrations of the antipathic system are sufficient to demonstrate its empirical character. Still it seems useful to refer to other illustrations in connexion with the system, because these are considered by the advocates of antipathy as presenting the best evidences of the excellence of the system.

Of these, the first illustration has reference to the use of *purgative* medicines in *constipation*: That is, the bowels do not exhibit the usual regularity in the discharge of their contents: what more natural argues and practices the antipathist, than to give some medicine which will force them to discharge their contents? To the untrained mind such a proceeding is perfectly natural; the trained mind discovers the unscientific and consequently injurious character of this palliative antipathic treatment: and the discovery is obtained by the recognition of the facts, first, that the more purgative medicine is taken the more constipated do the bowels become; second, that the more frequently the purgative is taken, the greater is the dose required to produce any effect; and, third, that decided injuries are produced by the purgatives administered.

The homœopathist, on the other hand, recognizes the primary truth, that the intestines are in perpetual motion, and that motion is of such a nature as to keep up a perpetual carrying forward of their contents; an action so constant that it takes place both during sleep and during waking. The homœopathist further recognizes, that if this carrying on action (peristaltic action as it is called,) is not manifested in the discharge of the contents of the bowels, the cause is to be found in some diseased state, which, as a whole, causes as a part of that whole, the non-expulsion. And the homœopathist contemplating the diseased state as a whole, and the constipation as a

CHAP. II. part of the whole, finds a remedy for the whole diseased state, and, this administered, the constipation ceases.

The antipathist, in other words, treats the constipation* as a primary disease, and thinks that while he forces an opposite effect he gains the end: the homœopathist regards the constipation as one feature in a general diseased state, and seeks in the curing of the diseased state by a remedy suited to it as a whole, the solution of one effect—the constipation. The antipathist gains his end empirically, and injuriously to the system in general, and to the intestinal tube in particular: the homœopathist gains the end sought without any injury to the constitution, and with benefit to the intestinal tube.

The remaining illustrations have relation to a chemical antipathism: thus to correct *acidity* in the stomach, the antipathist gives *alkalies*: to remove the condition that causes the deposit of the uric acid from the urine, the antipathist administers alkalies; and to remove the condition that causes alkaline deposits from the urine, he exhibits acids: that is, he prescribes the chemical opposites. To the empirical mind these modes of proceeding appear feasible; but the mind trained to exact observation recognizes, as proofs of the unsoundness of these practices, first, that persons still suffer from acidity though they have taken, according to their own assertion, carbonate of soda sufficient to stock a chemist's shop; second, that the continued exhibition of alkalies to persons having had acid urine, causes at length a deposit of the alkaline deposits; and, third, that if acids are administered to remove the alkaline deposits, these acids will at length cause the uric acid deposit.†

* For a full explanation of these views see “Constipation, its Causes and Treatment, by JOHN EPPS, M. D.”

† A particular source of difficulty has further been pointed out by Mr. Brande, attending the attempt to exhibit medicines acting on stones in the bladder (lithontriptics) as solvents. The phosphates of lime and magnesia, which exist in the urine, are retained in solution principally by its excess of acid: if, therefore, with the view of dissolving a uric acid calculus, or preventing its increase, alkalies be given so as to neutralize this acid, the deposition of the phosphates may be favoured, and a layer of them may even form on the existing calculus. And there is reason to believe, that the softness and sponginess which have been observed not unfrequently on the surface of calculi, in patients who have continued for a long period the use of alkalies,

✓ The antipathic method is founded upon a mistake of what CHAP. II.
disease is. Disease, as has been already explained, is life, acting through a disordered organ: and the various symptoms are nothing but manifestations of that life struggling to recover health: and the antipathist gives a curious kind of aid in that struggle, either by destroying the power of that life by deadening the susceptibility of the nervous system, or by foreing action.

It is a practice which suits the vulgar medical practitioner, like as the practice of driving away sorrow by intoxication suits the common vulgar. It is a practice, which suits the timid and the mere traders in the profession, enabling them to afford at times immediate temporary relief, an object desired by the timid, because they have not the courage to wait till the necessary series of changes in the diseased state has been passed through, and desired also by the dishonest, as such professional traders are, because they seek merely to please the patient, and do not regard the ultimate results on the patient's constitution.

and which have been regarded as proofs of partial solution, have arisen from a deposition of this kind. If, on the other hand, from the state of the urine, or from the information afforded by a small calculus being discharged, there were reason to believe that a calculus in the bladder consisted chiefly of phosphate of ammonia and magnesia, if we attempted the solution of this by the administration of weak acids, we run the hazard of causing the deposition of uric acid. It is accordingly found that these effects take place. In different cases, it has been remarked, that when alkalies have been given to correct the *deposition of uric acid, or the RED sediment* or gravel from the urine, they have, when continued too long after having produced this effect, caused the *deposition of the WHITE sediment* or gravel,—the phosphate of ammonia and magnesia; and, on the other hand, Mr. Brande has remarked that when acids were given with the view of removing the deposition of the phosphates, they have, after some time, caused a separation of uric acid.—*Professor Murray's Materia Medica, p. 361, sixth edition.*

CHAPTER III.

Allopathic method.—Illustrations : Purgatives in inflammation of the eye.—Bleeding in pneumonia.—Dr. Marshall Hall and bleeding.—Dr. Southwood Smith's case of Dr. Dill.—Epilepsy : the extensive use of allopathy therein.—The use of blisters.—The inefficacy of iodine.—The inefficacy of tartar emetic ointment : the temporary relief by this explained.—The use of the issue and the use of the seton in this disease.—The character of the allopathic practice.—Good reason for depreciation by a medical journalist of the term allopathy.

CHAP. III.

The *second* method, in accordance with which remedies have been used to cure disease, is that by which it is attempted to cure disease in one part of the system, by *inducing a disease in some other* part of the system.

This is the ALLOPATHIC mode.

The nature of this mode will be best developed by a few illustrations.

The following case was related at a medical society by a medical gentleman of considerable practice.

He stated the case of a patient, who had been labouring under a violent *inflammation of the eye*. He could not bear the slightest light. The pains he endured were intense. The practitioner prescribed an exceedingly powerful purgative medicine. As long as the medicine continued to act the patient felt better. Directly the purgative effect ceased, then the eye again become worse. The purgative medicine was again taken, and, during the violence of its action, the violent inflammation and the intense pains in the eye were relieved. Directly the action of the purga-

tive again ceased, the eye again became very painful. Thus the medical gentleman proceeded until he found that he gained nothing but temporary relief, and he was at the same time injuring the constitution and exhausting the powers of his patient.

The explanation of this case and of the treatment is simple. The patient had a state contrary to the natural condition, induced in his eye. The life, acting through the diseased organ, produced morbid manifestations, namely, the intense pains, the intolerance of light, &c.

The purgative medicine, irritating the intestines, that is, inducing an unnatural condition in the intestines, created another direction, in which the life manifested itself unnaturally, in other words, created a disease.

The life action was thus directed away from the eye to the intestines, and, so long as the medicine, the irritating cause, continued to act upon the intestines, or, in other words, so long as the new disease in the intestines continued, so long there was a *suspension* of the *active disease* in the eye. But the diseased state still existed passive, ready to awaken into renewed activity directly the intestine ceased to demand the life power to its aid: hence the return of the symptoms.

Still the patient is *relieved* by the purging: and this *relief*, being mistaken for cure, has led to the extensive use of purgative medicines: persons forgetting, that the purgative relieves by inducing another disease: and, in this way can be explained the statement sincerely made by many, of the great benefits they have derived from various empirical pills, and other much lauded purgative medicines. Relief is what they seek: relief they obtain: but the diseases, produced by the purgative medicines they use, not *appearing immediately*, are not referred to the action of these medicines, in fact the parties think, that all that is wanted is more of the pills to cure the very diseases, which the previous exhibition of the pills has induced.

To give another case, illustrative of the allopathic mode of treating disease.

Mrs. G., aged 25, who previously to her marriage, had been treated homœopathically with success for supposed consumptive symptoms. was seized in January, 1840. one Saturday night,

CHAP. III. having gone rather poorly to bed, with a *violent pain* in her *right side*, which awaked her. So violent was the pain, that medical aid near at hand was sought in the night.

Early the next morning, the patient not being relieved, the surgeon removed "a large basin of blood" from the right arm, calling the disease *inflammation of the lungs*.

This bleeding appeared to *give relief*, but did not *wholly remove the pain*.

Pills and mixtures were supplied. The pain returned with its original violence. *Eighteen leeches* were applied, and the *discharge* of blood kept up by WARM POULTICES.

Slight relief was obtained, but the pain, not being removed, after a few hours, recourse was had to *another copious bleeding* from the left arm. *Leeches*, the pain not being removed, were again applied.

The pain still remained.

The *bowels* being *confined*, as they had been the whole time, (a common phenomenon in most diseases, but not itself a disease), a *powerful purgative* was administered, which caused *profuse* and *violent* purging.

The pain still not being removed, on the Tuesday night, another "large basin of blood" was taken from the right arm, but without any proportionate relief.

The bowels remained in a state of constant action from the purgatives administered.

On the fifth day after the attack symptoms of *premature labour* came on: the surgeon now gave *stimulants*. A six months' child, dead, was born in the afternoon of the same day.

At six, the patient was placed in bed, exhausted and insensible, remaining so for several hours, when she rallied, conversed with her family, felt conscious of her approaching dissolution, and died on the day week after the seizure, after having suffered, as her brother, who wrote to me, stated, "in the short space of eight days, more excruciating torment than falls to the lot of some mortals during a life-time." In fact, she was killed.

This surgeon treated the disease as the books direct: as most similarly taught practitioners would have done. *He afforded relief* by the bleeding! *Then, why not bleed?* The bleeding did not cure: it suspended the action of life in one part. the part

diseased, for a time, but the *state* of that part not being altered, CHAP. III. it, when the suspension of the life's action in that direction ceased to operate, again drew the life action to itself, and the disease, unmitigated, again presented itself. Again the counter-acting, the allopathic power was called into action by the leeches, and the warm poultices, and relief was afforded: but the state of the part affected was not altered, and, at length, nature sunk exhausted in the struggle.

Here was *active* treatment; "severe diseases," say they, "require severe remedies." The patient had both: and the verdict was not "*bled to death.*"

Here then was a fine, handsome, young female, in the beauty of womanhood, married about seven months, cut off, *a victim of system*: killed by the regular medical course. Had she died under homœopathic treatment a coroner's inquest would have been held, and the verdict would have been, *died for want of active treatment.*

On the case just recorded it may be said, that the disease treated might not have been inflammation: that the pain might not have been inflammatory: the practitioner, though *legally* qualified, might not have been *really* qualified.

He was both legally qualified and properly qualified according to the old system. In fact he was a gentleman, who during his medical education had as a pupil received his instruction, in the virtues of remedies from the author, when acting as a Lecturer at the Westminster Dispensary School of Medicine.

To demonstrate further the destructive action of this allopathic practice, and, in so doing, to demonstrate that the practice in the case referred to was not at all out of the usual course, a case is taken from the practice of an eminent physician of London, one famed for his physiological discoveries. The case is published by the physician himself, namely, Dr. MARSHALL HALL.

"Elizabeth Smith, aged 18, having been much out of health during two months, was admitted into Bartholomew's Hospital on October the 29th, complaining of violent pain across the abdomen augmented on pressure; the breathing hurried, the pulse 110 and hard, the bowels confined; she was placed in bed and bled from the arm, and although in the recumbent posture she fainted when twelve ounces of blood had been taken.

CHAP. III. "On the 30th the pain continued unabated; she was again bled in the recumbent position, and syncope occurred when fourteen ounces had flowed. Forty drops of tincture of opium were given immediately after bleeding.

"On the 31st, fifteen ounces of blood were taken, in the same manner and with the same effect, and twenty leeches were applied.

"On November the 1st, thirty leeches were applied. On the 3rd the pain and the tenderness of the bowels were increased, the pulse hard and 115; eleven ounces of blood were taken, and syncope was again produced, and seven ounces were drawn from the loins by cupping, still the pain was unabated on the 7th, and she had become extremely feeble, (not unlikely), the pulse was 130, the retina had become acutely sensitive to light; the extremities cold, and the legs swollen; and the urine was limpid and sometimes passed involuntarily.

"She now took the extract of hemlock at bed time and with great relief—this (stupifying) relief continued for six or seven days. The pain then returned, and eventually the patient left the hospital little benefitted."

Here are antipathic and allopathic modes combined.

The bleeding seemed to have afforded but little relief: and at last, finding it ineffectual, and the pain continuing severe, (and surely if the pain was not inflammatory in the preceding case it could not have been so in the present case, and, therefore, the objections as to the unwisdom of the treatment would apply in both) the physician orders an *anodyne*, the extract of hemlock.

This did soothe the pain, but *how*? By overcoming the diseased action? By no means: but by diminishing the susceptibility of the nervous system to be impressed: but directly the first effect of this anodyne had ceased, the susceptibility being restored, the pain returns, and the patient is dismissed from the Hospital. Where to? If not to the grave, to suffer all her life from chronic disease.

Another physician, who has attained a prominent position in the metropolis is Dr. SOUTHWOOD SMITH. The following case is one published by himself, and consequently may be quoted as affording a true statement of the case. It is recorded here as

published in the *Medical Gazette*, containing some notes by the CHAP. III.
Editor of that periodical.

“The case of Dr. Dill demands our most serious attention, and deserves that of our readers. It is adduced as an example of severe cerebral affection, in which cases, Dr. S. affirms, ‘the bleeding must be large and early as it is copious.’ ‘I saw him,’ says Dr. Smith, ‘*before there was any pain in the head, or even in the back, while he was yet only feeble and chilly.*’ The aspect of his countenance, the state of his pulse, which was slow and labouring, and the answer he returned to two or three questions, satisfied me of the inordinate, I may say the ferocious attack that was at hand.’—p. 398.

“Whatever may be the opinion of our readers, as to the above signs indicating a ferocious cerebral attack, they will one and all agree with us, that the ferocious attack was met with a ferocious treatment; for an emetic was given without delay, and ‘blood was taken from the arm, to the extent of *twenty ounces.*’ This blood was *not* inflamed. Severe pains in the limbs and loins, and intense pain in the head, came on during the night—and early in the morning *blood was again drawn* to the extent of *sixteen ounces*, ‘with great diminution, but not entire removal of the pain.’ Towards the afternoon, he was *again bled* to sixteen ounces. ‘The pain was now quite gone—the blood from both these bleedings intensely *inflamed.*’ [*Inflamed*, according to Dr. Smith’s notions—but mark, in his own words—the *first* blood drawn was “NOT inflamed.” Were the lancet a preventive of inflammation, how came the blood to be inflamed AFTER so many bleedings ?]

“During the night the pain returned, and in the morning, notwithstanding the eyes were dull, and beginning to be suffused, the face blanched, (no wonder !) and the pulse slow and intermittent, and weak, *twelve leeches* were applied to the temples—and as these did not entirely remove the pain, more blood, to the extent of *sixteen ounces*, was taken by cupping. The operation afforded great relief—but the following morning, the pain *returned*, and again was blood abstracted to *sixteen ounces*. Immediate relief followed this second operation; but, *unfortunately*, the pain returned with great violence, towards evening; and it was now impossible to carry the bleeding any further.’ Typhoid

CHAP. III. symptoms now began to show themselves ; ‘ the fur on the tongue was becoming brown, and there was already slight tremor in the hands.’ What was to be done ? Lee and evaporating lotions were of no avail ;—but happily for Dr. Dill, the affusion of cold water on the head, ‘ the cold dash,’ was thought of and employed—and this being effectually applied, the relief was ‘ instantaneous and most complete.’ So that this case, announced as a severe cerebral affection, and treated, in anticipation, by copious blood-letting, BEFORE *there was any pain in the head while the patient was yet only feeble and chilly*, which grew worse and worse as the blood-letting was repeated, until, after the abstraction of *ninety ounces* of blood, the patient had become in a ‘ state of intense suffering,’ and ‘ imminent danger,’ and was relieved at last by the cold dash—this case, we say, is brought forward as a specimen of the extent to which copious blood-letting may sometimes be REQUIRED !! Most sincerely do we congratulate Dr. Dill on his escape, not from a dangerous disease, but from a DANGEROUS REMEDY.”—*Medical Gazette*.

As might be supposed, Dr. Dill died : he never rallied.

Such then is the allopathic mode in connexion with the treatment of *acute* diseases.

An illustration or two may be taken in reference to this method in connexion with the treatment of *chronic* diseases.

A chronic disease, in which the allopathic system has been most extensively carried out with temporary efficacy but with permanent injury and failure, is Epilepsy.*

The patients in almost every case have been subjected to bleeding by the lancet, bleeding by leeches, bleeding by cupping, and these to an extent almost terrific ; these means have failed, and the allopathic system under the form of counteraction has been adopted.

The first means adopted is the *blister*.

This produces considerable irritation in the part on which the

* This disease is selected because it is one in which the “heroic” system of medicine has been most energetically tried, and because my experience in this disease, seeing at least two patients every day in the year, enables me to speak with positiveness as to the treatment which has been usually employed before the patient has come under my care.

blister is applied, and, as long as a discharge is kept up from CHAP. III. the blistered surface, the epileptic seizure is kept off or lessened in severity. The fact of the suspension of the attack, while the irritation is kept up, urges the medical practitioner to make every effort to preserve a perpetually blistered surface. He applies a blister first to one spot and then to another, and then when he had travelled over almost every part of the body that is blisterable, he attempts to keep up a discharge by applying to the abraded surface some blistering salve. The ease seems to prosper favourably, till at last, as if the disease had been, as it were, accumulating its strength, an attack of epilepsy, more severe than almost any the patient has ever before experienced, occurs, and either the desponding practitioner gives up the ease, or the disappointed patient seeks other aid.

The patient applies to some other practitioner. This one thinks the previous practitioner did not act with sufficient power. He therefore seeks for a more powerful irritant and vesicant. He finds that iodine powder, sprinkled upon the surface of a plaster and applied to the skin produces a most intense irritation; in fact, the irritation is like to a burning fire. He thinks further, that perhaps the iodine by absorption may act medicinally upon the diseased state. He applies his remedy with great confidence, the patient bears the agony with philosophic resignation, believing that benefit is to result. Benefit does result, the attack is postponed: weeks pass and the patient seems delivered: but, like as in the former ease, the irritation subsides, and the attack comes on again and occurs with increasing violence.

The patient is again applied to to have a fresh application of the iodine plaster, but having found no permanent relief, he refuses the repetition of the torment.

The practitioner is obliged to have recourse to some other allopathic medicinal agent. He prescribes the use of *tartar emetic* ointment. It is rubbed on some part of the body, perhaps on the upper part of the back. The ointment soon causing irritation and itching in the skin, the epileptic patient begins to feel better. Little elevations rise on the skin, they itch and burn. He feels still better. The red pointed elevations assume a different colour; they become filled with pus. The patient feels still more relieved—the attack keeps off. But now the pustules

CHAP. III. begin to heal, and the symptoms, precursory to an attack, begin to appear. The practitioner immediately orders the ointment to be rubbed on some other part of the back: the same process of eruptive itching, burning, and pus-formation, is gone through at the middle of the back, the patient is again relieved, though not to the same extent as he was by the first application of the ointment—the attacks are kept off, but the premonitory symptoms appear sooner this time, and the practitioner is obliged to occupy the remainder of the patient's back even before the middle part is healed.

The premonitory symptoms appear sooner under this application than they did before, and the arm is the surface next used upon which to produce the pustules.

This time more benefit is experienced—the premonitory symptoms are longer delayed, and hope cheers both the patient and the practitioner.

But again, the attack makes its appearance upon any unusual excitement, and the patient, after having had the irritation and the inconvenience of a purulent discharge, defiling to linen, unpleasant to smell, painful to touch, weakening to the frame, for a period of months, finds himself again the victim of this his attending foe.

Benefit but not cure has resulted. The explanation is not difficult.

While the pustules are forming and ripening, technically, *during the maturation of the pustules*, the vital power is directed to the production and the development of the pustules: the action in the diseased organ is suspended, and so long as the life's action is kept directed to the part, copped with pustules, so long does the epileptic *attack*, that is the *action of life through the diseased part*, remain *unmanifested*.

The practitioner then flies to the ISSUE. He finds this does great good. The new action, produced by the insertion in the flesh of a foreign body, namely a PEA, suspends the vital action, which, acting through the diseased part, constitutes the epilepsy, and the practitioner hopes the victory is won. A few weeks pass. The life action is reverting to its old channel: the issued surface begins to heal; the practitioner determines it shall not heal: he applies caustic: is obliged to watch diligently to keep

the healing process from taking place : for he thinks, so long as the issued part remains unhealed, so long is the patient safe. The absence of the attacks would seem to sanction this ; but at length, though the issue still may discharge, an attack comes on, perhaps more severe than any previous one.

The practitioner finds one agent still left. It is the *seton*. A skein of thread or some other substance is passed through the patient's neck. Intense pain is produced. A purulent discharge is caused. The epileptic attacks are for the time avoided. But the flesh surfaces surrounding the body introduced become changed in their character, so that the irritation becomes lessened. Fresh skeins of thread are introduced to keep up the irritation ; but, at length the habituation to the foreign body becomes so complete that the irritation is not sufficient to call to itself the life power ; and the life power, not being withdrawn from the part diseased connected with the epileptic seizure, allows the diseased action to be again resumed in that part, and an epileptic seizure takes place.

These illustrations will satisfy every enlightened mind, that the allopathic* mode is, like the antipathie, merely a *make-shift* ; that it may keep off the disease, but then it keeps it off only as long as the new action, induced by the treatment, is powerful enough to arrest the life's action to the new direction ; and as, in so arresting, and so directing the life's action, it is *exhausting* the powers of life, the stock with which each one is endowed, the duty of every well wisher to himself is to ascertain if there are not means, by which diseases can be subdued without such exhaustion. Such means do exist : HOMŒOPATHY presents them.

* The invention of the term Allopathy was a happy one. It presents a point, in which the system of treatment can be viewed in its reality, and after thus viewed can be seen to be unscientific. It is not a matter of wonder that the Editor of the *Lancet* should repudiate the use of the word Allopathy, and thus express himself—“ The less the term allopathy is used by professional men the better,” page 229, vol. 1, 1846.

CHAPTER IV.

The life of Hahnemann.—His childhood and youth.—His indefatigable industry.—His extensive erudition.—His dissatisfaction with the old system of medicine: relinquishment of medical practice.—His discoveries in chemistry.—Discovery of the Homœopathic law, while translating Cullen's Materia Medica.—His various works.—The dignity of his character.—The vulgar-mindedness of his revilers.—His death.

CHAP. IV. Samuel Christian Frederiek Hahnemann was born at Meissen, in Upper Saxony, April 10, 1755. His early education was limited, his parents not having the means to send him to any of the public schools.

The same necessity of circumstances caused his parents to apprentice him to a tradesman; but his master, having discovered in the boy traces of genius, urged upon Hahnemann's parents their duty to endeavour to find an occupation more in accordance with the boy's mental endowments.

The head master of a first-rate classical academy at Afra, near Meissen, was consulted: and by his generous interference Hahnemann was admitted, free of charge, to the advantages presented by the academy.

The tradesman's judgment was soon justified, for Hahnemann made in a short time such progress in his studies, as to gain in the academy the appointment of assistant teacher.

Hahnemann's predilections were for natural history, particularly botany.

To pursue the latter he took advantage of every opportunity.

He explored the woods, climbed the mountain, collected plants, prepared them for preservation, and systematically arranged them in a herbarium. CHAP. IV.

Such mental directions exhibit that love of observation, that determination in obtaining the end sought for, that exactness, that order, that patientness of recording facts and observations, always exhibited by men of great minds. These capabilities developing themselves more and more each year, gave to Hahnemann a power, which, by its beneficial exercise, has rendered him the greatest man that ever trod this earth, when this earth is viewed as peopled by individuals liable to bodily diseases.

The period at length arrived when Hahnemann should select a profession: he chose medicine. His friend, the head master of the academy at Altdorf, approving his choice, aided him in obtaining admission to the university of Leipzig, whither he went in 1775, with exactly the same number of crowns in his pocket as that of his years.

Thrown thus upon his resources Hahnemann, while engaged in prosecuting his studies with all diligence, supported himself by giving instructions in the German language to the foreign students, and by translating English and French works into German.

After studying two years at Leipzig and obtaining a theoretical knowledge of medicine, Hahnemann proceeded to Vienna, to gain there a knowledge of medical practice.

While at Vienna, his industry and talent gained so completely the confidence of his medical professor, Dr. Quarin, physician to the Hospital of Leopold, as to cause Dr. Quarin to entrust to Hahnemann the almost sole care of a portion of the Hospital. Dr. Quarin was further so pleased with him, that he recommended him to a situation at Hermanstadt, comprising the duties of physician, librarian, and superintendant of a museum of coins to the Baron von Burehenthal, governor of Transylvania. While so engaged he cultivated an acquaintance with the works of the Arabian physicians, and the medical literature of the middle ages.

Having obtained from the emoluments of this situation sufficient means to finish his education, he, on the 10th day of

CHAP. IV. August, 1779, graduated as Doctor in Medicine in the University of Erlangen.*

Soon after having obtained his doctorate, he was appointed as district physician at Gommern, near Magdeburg. This appointment ensured to him practice and pecuniary emolument: a fact, which deserves record as meeting successfully any insinuation, that he was led to develop his theory, because he had no means of living except by some extraordinary movement.

He, as Dr. Gray remarks, page 251, *Journal of Health and Disease*, vol. iv. "with zeal and activity commenced the practice of medicine, by attempting to reconcile the treatment of disease with the splendid hypothetical systems which have given such eclat to the medical literature of Germany. The more vigorously he pursued his investigations, the more fallacious appeared the results, inducing at last an entire disbelief of the capability of ascertaining the *causes* of medical phenomena. Foiled in his anticipations, he next desired to examine the *laws* of these phenomena.

That he might acquire all possible information respecting this object, he applied himself with unceasing industry to an examination of the experience of the most eminent medical practitioners, and endeavoured to collect a sufficient number of isolated facts from their writings, to erect a structure worthy his ardent exertions; but the symptoms of disease were so imperfectly described, and were so intimately connected with existing theories, that he was reluctantly compelled to relinquish any further research in that direction. Afterwards, he presumed that the application of pure medicines in their simple forms would afford more satisfactory results, and therefore watched their operation with the most careful solicitude, and accurately recorded their curative impressions upon a variety of symptoms of disease."

The diligence with which he pursued the study of medicine, the acumen with which he penetrated it to obtain satisfactory bases for practice, discovered to him after eight years of practice, pursued with the most scrupulous caution, that medicine consisted of a mass of contradictory observations and theories, and convinced him of the impotence of the ordinary method of

* His thesis was *Conspectus affectuum spasmodicorum ætiologicus et therapeuticus*.

cure: and finding the more deeply he penetrated, the more unsatisfactory were the results, he became disgusted, and determined to relinquish medical practice, for he could not conscientiously use means, concerning which there existed little or no positive knowledge. To repeat in his own words, as contained in his letter to Hufeland—

“ It was agony to me to walk always in darkness, with no other light than that which could be derived from books, when I had to heal the sick, and to prescribe according to such or such an hypothesis concerning diseases, substances, which owed their places in the *Materia Medica* to an arbitrary decision. I could not conscientiously treat the unknown morbid condition of my suffering brethren by these unknown medicines, which, being very active substances, may (unless applied with the most rigorous exactness, which the physician cannot exercise, because their peculiar effects have not yet been examined,) so easily occasion death, or produce chronic affections and chronic maladies, often more difficult to cure than the original disease.

“ To become thus the murderer and the tormentor of my brethren, was to me an idea so frightful and overwhelming, that soon after my marriage, I renounced the practice of medicine, that I might no longer incur the risk of doing injury.”

The honesty, the open-eyedness, and the conscientiousness that led him to the perception of these views, and to experience the agony which they produced, caused him to take this step of renouncing the practice of medicine: a step, which none but such a genius as Hahnemann could have taken; such step requiring a high intellectual power to recognize these views, and a high moral power so to appreciate their force, as to create an amount of conviction, equivalent to the enduring the sacrifice of the means of support.

His love of truth was rewarded by the great Author of truth.

Hahnemann became a father. His children became subject to disease. This roused his mind to fresh activity, to fresh mortification at the impotency of the medical art. He asked himself “ where could I find assistance, sure assistance, without theories of medicines, which rest only on vague observations; often even on pure conjectures; with these innumerable doctrines re-

CHAP. IV. guarding diseases which compose our systems of diseases or nosologies ?

“Where then can sure help be found ? exclaimed the sorrowing father, overwhelmed with the complaint and suffering of his dear children. Every where around him he beheld the darkness and dreariness of a desert : no consolation for his oppressed heart.”

Against the thought, urged by many, that it is not in the nature of medicine itself to attain to a high degree of certainty, Hahnemann's benevolent mind rose rebellious.

“Blasphemous, shameful thought ! I exclaimed with indignation. What ! could not the infinite wisdom of the spirit which animates the universe produce means of allaying the suffering caused by diseases which, nevertheless, it has permitted to afflict mankind ?

“Is it possible that the sovereign paternal goodness of Him, whom no name can worthily designate ; who provides liberally for wants even of animaleulæ invisible to us ; who sheds with profusion life and well-being through all the creation—should be capable of an act of tyranny, and not have willed that man, made after his image, should be able, with the divine inspiration which penetrates and animates him, to find, in the immensity of created things, means suited to deliver his brethren from suffering often worse than death itself ? Could He, the father of all, behold with indifference the martyrdom to which diseases condemn the best beloved of his creatures, and not permit the genius of man (which, however, makes all things possible), to discover an easy and sure method of contemplating them under their real aspect, and of examining medicines to learn in what case each of them may be useful—may furnish a real and certain assistance ? I had rather renounce all the systems in the world than admit such a blasphemous idea.”

Not being able to find out this method, he devoted his time principally to the study of the sciences of chemistry and mineralogy, and to the translation of a great number of interesting papers from the English, French, and Italian periodicals. By thus employing his time, he was enabled to enrich the German scientific journals with foreign and original articles of great value. Among the latter, his treatise on the mode of preparing a form of mercury, which he discovered, that derives from him

its name, *mercurius solubilis Hahnemanni*,—his researches on CHAP. IV. poisoning by arsenic,* with legal evidence of imperative importance to medical jurisprudence, and the celebrated Hahnemannian wine-test, which exposed and prevented the adulteration of wines with lead, conferred upon him an honourable reputation among the medical philosophers of the continent.

In one of his works he developed plans for the more scientific instruction of the apothecary, a work which brought him into great repute with the apothecaries of Germany, and exercised a most beneficial influence on that branch of medicine. In fact, all his writings, including the many interesting notes appended to his translations, “denote the learned and thoroughly accomplished physician, the strict and conscientious man, the earnest inquirer after truth and the profound observer.”

Among the works which came under his notice, the celebrated work on *Materia Medica*, or *Medicines*, by the illustrious Dr. Cullen, was one. This was in the year 1790.

* Professor Christison, in his standard work on Poisons, has recognized Hahnemann's labours in reference to the testing of arsenic. Referring to Hahnemann's work, “*Über die Arsenic Vergiftung*,” (Upon the poisoning by Arsenic,) he thus writes, p. 260 :—“It is stated by Hahnemann in his elaborate work on Arsenic,” &c. He quotes Hahnemann's work, *first*, in relation to the quantity of arsenic that water by boiling will take up; *second*, in reference to the test of oxide of arsenic; *third*, as to the quantity of oxide of arsenic soluble in water at blood heat with agitation; *fourth*, as to the quantity in the solid state that Hahnemann professed himself able to detect. Professor Christison quotes Hahnemann, *fifthly*, in proof that the garlic odour of the arsenious acid vapour is not a satisfactory test. Hahnemann states, that “phosphorus, phosphoric acid and the phosphates give out a similar odour”; *sixthly*, that this is not a satisfactory test, because, further, a small portion of vegetable or animal matter obscures entirely the alliaceous smell; *seventhly*, in reference to the solubility of the sulphurets of arsenic in water; *eighthly*, in reference to the time in which arsenic taken is fatal; *ninthly*, in reference to the effects of arsenic, as a poison on the limbs; *tenthly*, as to the effect on the hair and the skin; *eleventhly*, as to the effects of the famous poison *aqua toffana*, in reference to which Christison remarks, “an equally vigorous and somewhat clearer account of the symptoms is given by Hahnemann; *twelfthly*, in reference to fatal results in two cases, reported by Hahnemann, where arsenic had been applied to a cutaneous disease of the scalp.

It is quite certain, that had not Hahnemann exhibited great tact and extensive research in reference to arsenic, Professor Christison could not have been able to have quoted from him so many particulars; and had not Professor Christison believed Hahnemann's statements to be those of a conscientious and an accurate observer, he would not have quoted them at all.

CHAP. IV.

In translating the article on *Peruvian bark*,* he was much struck with the account given of the febrifuge, or fever-expelling properties of this valuable remedial agent. He determined to try it upon himself, (a mark of that decision of mind so essential to investigation), and being in the enjoyment of robust health, began his experiments. The first dose *produced symptoms in him similar* to those of *intermittent fever* or ague, which bark so often effectually cures: the resemblance between his symptoms and those which are presented in intermittent fever, for which he knew this remedy was famous, so struck him, that he was, in a moment of inspiration, thus breathed upon his dormant genius, led to glance at, and to discover the first lines of the truth, written in creation, that the law, on which the beneficial application of all medicines is founded, is this, that *medicines cure diseases by their power to produce, when taken by healthy persons, symptoms similar to the diseases they cure*, or to quote Hahnemann's words, "that medicines can cure those diseases only, which are analogous to those which they themselves are capable of producing."

Hahnemann had as yet discovered only the *first traces* of this law. He had discovered that Peruvian bark, administered to a healthy person, produces symptoms, similar to those, which are present in the disease, which it cures.

But Hahnemann was not one of those men whom Lord Bacon described as "beginning to build ships with materials not sufficient to make boats." He continued his experiments on himself, his wife, his family, and his friends, for a period of six years, experimenting with different medicines, and found the same truth to be exhibited in reference to the various medicines he tried, namely, that they produced, when taken by a healthy person, the same symptoms as are presented in those diseases, which these medicines are known to have cured.

* Regarding the effects of Peruvian bark, some writers have denied the effects produced on Hahnemann. They assert that Peruvian bark will not produce intermittent fever in a healthy man; that is, their assertion of impossibility is to be deemed equivalent to the destruction of a fact. They show their ignorance of even allopathic medical literature, in thus asserting. In the *Journal of Health and Disease*, page 209, vol. iii., will be found a full statement of the facts collected even by allopathists demonstrating the accuracy of Hahnemann's observations.

It may be remarked here, that other observers had noted, but CHAP. IV. without any reference to the existence of the law, that mercury, if taken improperly, produces diseases exactly similar to those it cures: that the itch is cured by sulphur, and sulphur taken, others have suggested and Hahnemann has established, will *produce* an eruption similar to the itch.

After six years' patiently and carefully conducted experiments, Hahnemann, at length, in the year 1796, published his views in a periodical, namely, Hufeland's Journal, therein proclaiming the grand principle, already stated, namely, that *diseases are cured most quickly, safely, and effectually, by medicines, which are capable of producing in a healthy person symptoms, similar to those existing in the diseases.* These views were published under the modest title, "Concerning a new principle for discovering the curative virtues of medicines." Notwithstanding sneering animadversions were the only reply he received, and he gained no co-operation to aid him in the inquiries, which the principle if investigated as to its truth necessitated, he determined to tread the path of enquiry.

Still pursuing his investigations with unwearied assiduity, cheered, no doubt, by the nobleness of the pursuit in which he was engaged, he fifteen years after the discovery of the principle, presented to the world a work, in two volumes, modestly entitled, "*Fragmenta de viribus medicamentorum positivis, sive obviis in corpore sano;*" (Fragments connecting the positive or obvious powers of medicines on healthy persons.) This work, containing the results of his experiments with twenty-seven medicines on himself, his family, his zealous friends and disciples, was published in 1805.

This work, the product of fifteen years' diligent research and experiment on his own person and on the persons of those, who had the zeal and the martyr-like spirit to endure the sufferings necessarily produced, was answered either by indifference or by downright ridicule.

In 1810, having had five years more experience, he published his work, "*Medicine founded on Experience,*" forming the basis of his "*Organon of the healing Art,*" (*Organon der Heilkunst*).

In this work he attempts theoretically to explain and demonstrate the homœopathic law, indicates the manner of its applica-

CHAP. IV. tion to individual cases of disease, teaches the art of preparing medicines for this purpose, and offers the rules according to which the effects of medicines are to be investigated upon the system in health.

This work was received with amazement: as Dr. Hering observes, "before a single scientific inquirer of reputation had made any experiments, and thus investigated the truth of the new doctrine, the reviewers with very learned and suitable conclusions, proved that the author's theories were good for nothing, and that the small doses were ridiculous. To no purpose did Hahnemann urge to the investigation of the fundamental principles of his doctrines by experiment, it was considered not at all worth the pains."

Amid all this opposition a small band of faithful followers assembled round Hahnemann who aided his inquiries by experiments on their own persons. Some of them have been or are, as might be supposed, the leading physicians in Germany and continental Europe. With the information collected from the experiments on himself, his family, and these attached followers, Hahnemann, in 1811, published the first edition of his *Materia Medica Pura*, a work which, being the result of continued experiments and the most careful observations, was not completed till ten years after, in 1821.

In the mean time Hahnemann was effecting many extraordinary cures in Leipzick, where he taught and practised; these cures excited, not, as they ought to have done, the approbation and the imitation of his medical brethren, but the ill will and the envy.

Among the cures effected by him one in particular arrested public attention. Klockenbring, one of the German *literati*, had become deranged, having had his vanity and pride intensely wounded by an epigrammatic shaft from Kotzebue. He was confined in the lunatic hospital, founded by Duke Ernest of Gothe, at Georgenthal. Hahnemann restored him to sanity.

In consequence of the united intrigues of the apothecaries and physicians in Leipzick, Hahnemann was now obliged to leave that city, wherein he had for the space of thirty years, been elaborating his new art, where he had practised it successfully, and where he had publicly taught, and gained his disciples. The laws which prohibit the dispensing of medicines by physicians, under

a heavy penalty, and permit it only to the privileged apothecaries, were brought to bear against him. Hahnemann who always gave the simple medicine, in his entirely novel preparations, in which an extraordinary care and accuracy were indispensable, could not possibly commit this labour, upon which the certainty of the result, and the welfare of his patients depended, to the apothecaries : who, not at all familiar in such unheard of niceties, regarded the whole business as absurd, and whose pecuniary interests had to suffer thereby, quite as much as the pecuniary interests of the patients were benefitted.

In one of those happy moments of inspiration he threw out the apposite question :—“ Had you interdicted Raphael, Titian, and Da Vinci from mixing their own colours, where would now have been their master pieces ?” When therefore, in spite of his defence, the judges wrested the dispensation laws against him, he would no more practice in opposition to the laws, and in his old age he left his native land, obeyed the call of a German prince (who granted him the privilege of practising his profession in his dominions), and went to reside at Anhalt Coethen.

At Anhalt Coethen Hahnemann found an asylum. Ferdinand, the duke of this little German state, has made himself a name of greatness by the noble and unaltered and generous support he extended to Hahnemann during the fifteen years he resided at Coethen; the duke appointed him one of his councillors.

Hahnemann, here unmolested, carried on his medical inquiries. His views and practical success had collected around him many disciples and an immense number of patients ; in fact, as Dr. Gray remarks, “ the master spirit of Hahnemann transformed the quiet Coethen into a medical Athens, where a Brunnow, Mühlenbein, Stapf and Moritz Müller, successfully contributed their energies to perfect the edifice which he had so well designed.

The fruit of these labours, carried on for twelve years, was seen in the publication, when in his seventy-third year, of a work “ On the Cure of Chronic Diseases ;” “ a communication,” Dr. Hering remarks, “ concerning a new and most important species of remedies, a treasury of new observations and experience scarcely to be overlooked, with entirely new and peculiar directions for the employment of these remedies in disease.

CHAP. IV. A circumstance transpired about this time in Hahnemann's life which is worthy of notice. He had been a widower for some time. Miss Marie Melonie d'Hervilly Gohier, who, as an invalid, had exhausted in vain the resources of allopathy, was cured by Hahnemann. This lady became the wife of Hahnemann, and not only his wife but his devoted disciple.* Peschier of Geneva thus alludes to the union of Hahnemann to his wife:—

“Hahnemann is to his wife a more than mortal existence; *she adores him*—we cannot represent the sentiments by a different expression; it seems as if she had unreservedly consecrated her life to the residue of his; she is never absent from him; she only exists as a shadow of himself; she is his *alter ego*.”

Soon after this Hahnemann was elected by the Gallican Homœopathic Society of Paris, honorary president; this was followed by his settling in Paris.

Dr. Gray, who visited him at this time at Paris, thus describes the venerable philosopher:—

“Hahnemann, who is now approaching his 90th year, recalls in his venerable appearance the ideal of a Seneca or Plato, an Aristotle or Socrates. Attached to the usages of his study, he was, as is his general habit, attired in a morning gown, his silvered locks flowing on either side of his head from beneath a small and close German cap, after the fashion of a University student. His capacious head, of the finest Saxon mould, presented a full broad face, expressive of a noble benevolence and high intelligence, while the illumined eye and speaking lip indicated the ceaseless energy and unyielding determination that have enabled him, amid the most disheartening embarrassments,

* “Mademoiselle d'Hervilly, on consenting to the marriage, insisted upon two conditions:

1. That she was not to receive any portion of the property of Hahnemann either during his life or after his decease, but that the whole should descend to his children by a former wife.

2. That Hahnemann should at once distribute his immediately available funds among his children. The first condition was incorporated into the marriage contract, and the second was directly complied with. A large German fortune was consequently divided among his children, Hahnemann retaining the interest only of 15,000 dollars for his immediate use, which surplus was finally to be apportioned in the same manner. Madame Hahnemann would accept of no other compliment than a plain, gold marriage-ring.”

to achieve the reward of his proudest aspirations—the triumph of a celestial truth. CHAP. IV.

“ I had anticipated many exhibitions of the progress of age in the physical condition of Hahnemann. But his firmness of figure, activity of movement and unimpaired sight and hearing, are characteristic of the perfect health he enjoys, and form no slight or inconclusive commentary upon the excellence of the Homœopathic regimen he has so scrupulously and so long observed. His mental faculties seem, also, in the judgment of all who have known him long, to retain the vigour of former days; and if I may be allowed to judge by the masterly criticisms and powerful arguments I have heard fall from his lips, the apostle of modern Germany has not succumbed to the ordinary ravages of time, but, in manhood and strength of intellect is, in his green old age,

“ Lord of the lion heart and eagle eye.”

Hahnemann lived to enjoy his crown.

“ On the occasion of one of his late birth days, a grand festival was organized by the disciples and friends of this good old sage: and the array of noblemen, gentlemen, men of science and letters, was of a character to diffuse an impression auspicious to Homœopathy to the remotest boundaries of civilized Europe. The immense saloon of Hahnemann’s residence was crowded by the admirers who assembled to do him homage. In the centre of the saloon stood his marble bust, executed by the celebrated David, a strong personal friend and ardent adherent of Homœopathy. The bust was crowned with a golden chaplet of laurel interwoven with the flowers of *Cicuta*, *Belladonna* and *Digitalis*, through which were interspersed the engraved names of the most eminent homœopathists in Europe and America. One of the distinguished homœopathists of Paris, Dr. Leon Simon, attended by Lord Elgin, Count de Guidi and others, now took the old gentleman by the hand and conducted him to the garlanded bust, proclaiming to him in an eloquent address his deserved attainment of man’s greatest boon—*immortality*! Two brilliant poems, which such an occasion could so well inspire, were delivered, the one in French, the other in Italian, by the

CHAP. IV. respective composers with thrilling effect. The talents of such German musical virtuosi as Kalkbrenner, Panofka and Hate contributed to the impressive festivities."

Hahnemann, though at this age, still laboured.

It may be interesting to notice the method of *his* labours. May this method be diligently adhered to by his followers.

"Hahnemann records with great precision the totality of symptoms or entire group of sufferings of the patient, inclusive of all constitutional ailments, previously manifested in his own person, or of any hereditary taints characteristic of his progenitors. On the completion of his record the symptoms of the disease are most carefully arranged to correspond with the indications of the drug he deems most appropriate to the case; but in reaching this conclusion he neither confides in his memory, nor relies solely upon his long experience, but has constantly before him the *Materia Medica* and *Rückert's Repertory*, from whence he culls every remedy the emergency of the disease demands. As he pursues this course towards every patient, it can be readily conceived how completely and incessantly his time must be occupied by the history of his consultations. It is not, therefore, by hap-hazard or by routine, that Hahnemann treats the sick; but guided by a pure conscience, and exercising a profound reflection, this medical philosopher not only exerts himself to accomplish cures, but, if possible, to perfect the science of Homœopathy by keeping up a course of continual observations on the action of remedies whether ancient or recent, which are daily assayed in the crucibles of experience.

The Register of his Consultations, every day increasing in magnitude, forms at this moment a stupendous Medical Encyclopedia. We have seen upon one of the shelves of Hahnemann's library, thirty-six quarto volumes of at least 500 pages each, entirely written by his own hand; and to those who are curious as to the penmanship of the venerable octogenarian, who has never used spectacles, we can testify to writing as fine and beautiful as the *mignonne* of Didot. But this is only a part of the daily occupation of this great man; medical correspondence holds an important place in the occupation of his time, and this is truly immense. The collection of his received letters

18 avril 1843.

Le D^r Habermann a examiné
avec tout l'intérêt qu'elle mérite
la maladie de Monsieur Cooper —
elle est grave, constitutionnelle et
héréditaire. Néanmoins avec un
bon traitement Homoeopathique suivi
avec constance et dirigé comme il
va être indiqué, la Malade se
trouvera certainement beaucoup mieux
et pourra même avec le temps améliorer
indéfiniment.

et
La Malade doit prendre les
Médicaments à des doses infiniment
faibles afin de pouvoir les continuer
longtemps. il en interrompra l'usage
pendant quelques jours s'il sent que
le Médicament l'affecte; mais il se

reprenne de nouveau aussi tôt que —

L'aggravation sera diminuée —

Il devra prendre d'abord Lycopodium —
— 1 glob. — que je lui donne ici à emporter et qu'il
commencera à prendre quand il sera
arrivé à Londres et sous la direction
de M^r le D^r Cps.

Cette poudre sera mise dans une carafe
bien propre avec 15 cuillerées d'eau et
une cuillerée d'eau de vie — chaque
matin Secouer fortement la carafe
et verser une cuillerée à bouche de
cette médecine dans un verre d'eau —
qui sera bien remué avec la cuillerée.
de ce verre d'eau le malade ne prendra
qu'une seule cuillerée à café — Si
après plusieurs jours, 3 ou 4 jours;
il ne se sent ni mieux ni plus mal,
il pourra augmenter la dose et

prendre chaque matin deux ou trois,
même quatre ou cinq cuillerées à
casse du verre d'eau qui sera préparé
de nouveau chaque matin —

La taraspe contenant le médicament
sera mis à l'abri dans une armoire
et sera préservé de l'action du feu
et du soleil.

Le Malade devra se promener
à l'air libre tous les jours et suivre
le régime Homœopathique sans
lequel il n'y a pas de Santé Durable
possible —

Quand l'action de Lye. sera terminée
trois qu'il sera bon que le Malade
prenne Kali carb. préparé et pris de même
que Lye. Mais je ne puis me prononcer
à fait affirmativement à cet égard
carqu'il faut voir quel aura été l'effet
de Lye.

which are subsequently arranged into volumes, forms no trifling compilation ; and the repertory alone of his letters, containing the names of his correspondents and the dates of their missives, is an enormous volume, in *folio*, which is kept under the superintendence of Miss Hahnemann.”

That such was the regular course of his proceedings, the two following facts are worthy of record :—

A gentleman from Mexico had come to England on purpose to consult the author for a partial blindness, which had been caused by the excessive use or abuse of mercurial and other medicines. His case was one so peculiar that the author deemed it his duty, for the patient's sake, to recommend him to see Hahnemann at Paris. He went ; saw Hahnemann, who told him he thought he could cure him in about a year, but that he must reside in Paris and see him weekly. The gentleman, not wishing to stay in Paris, wanted to be guided by Hahnemann otherwise. Hahnemann declined, and gave up the case rather than deviate from the course which he deemed necessary for the patient's benefit.

The second fact relates to a patient, who, being about to go to Paris, wished to consult Hahnemann. He did consult him, and the following letter, besides showing the excellent French of the venerable man, shows his adherence to his own rules respecting minuteness of dose, and manifests at the same time the energy of his mind. The letter follows in lithograph, as exhibiting the beauty and the firmness of the hand-writing of the aged philosopher.

To conclude this notice of Hahnemann.

Hahnemann had all the characteristics of a philosopher.

He felt, as all great discoverers and inventors have felt, the dignity both of the truth he discovered, and of himself as the discoverer of a great truth.

In writing to one of his medical friends he thus presents his perceptions :—

“ I present to you a *truth* long sought for—a divine revelation of a principle of eternal nature. I appeal to existing facts alone to convince you ; and when a conscientious and complete course of study shall crown your researches with success, then, as I have done, bless Providence for the immense benefaction he has allowed to descend upon the earth through my humble agency,

CHAP. IV. for I have been but a feeble instrument of that Omnipotence before which we all bow in humility."

Holding the dignity of the truth he discovered, he despised all extrinsic aid to foster it.

"Our art requires no political levers, no worldly decorations. At present it grows with slow progress amid the abundance of weeds which luxuriate about it; it grows unobserved, from an unlikely acorn into a little plant; soon may its head be seen overtopping the rank weedy herbage. Only wait;—it is striking deep its roots in the earth; it is strengthening itself unperceived, but all the more certainly; and in its own time it will increase, till it becomes an oak of God, whose arms, unmoved by the wildest storm, stretch in all directions, that the suffering children of men may be revived under its beneficent shadow."

Feeling as he did his dignity to be not in himself as a man of talent, but in him, as a discoverer of a truth, he thus writes to a correspondent who flattered him.

"One word more; no more encomiums of me, I altogether dislike them; for I feel myself to be nothing more than an upright man who merely does his duty. Let us express our regard for one another only in simple words, and conduct indicating mutual respect.

"What we perform in this department is a religious work for the good of humanity."

He felt that the promulgation of the truth must excite opposition, but this he disregarded: he remarks:—

"If the path, which I discovered, while setting at defiance all prevalent prejudices, and simply contemplating Nature, be as directly at variance with all the dogmata of the schools, as were the bold sentences, which Luther nailed to the Schloss-kirche of Wittenberg, opposed to the spirit of a crippling hierarchy, the fault lies neither with Luther's truth nor mine."

Hahnemann thus showed his greatness by standing manfully by his truth, disregarding all opposition by his fellow-men.

While self-content in relation to his fellow-men, he felt like all great men do, intense humility in the sight of his Creator.

Referring to the anxiety experienced during the confinement of his wife and the fear lest he should lose her, he thus writes, contemplating the last thirty years:—

“ Whither are they gone? Do you not believe that the remaining thirty will hasten as quickly? Then you will be as near your departure from this preliminary school of earth as he who now writes, and who cannot reckon upon having more than a few brief years to spend among men, until the time comes for him to uncloak himself of his present garment of corruption, and in calm joy, to enter into the kingdom of the All-loving One.

In such an hour I have made an inviolable vow to cherish within me simplicity, honesty and truth; and partly in self-culture as becomes a denizen of eternity, partly in the benefaction of my neighbours, to find contentment and happiness beneath the eye of the Father of all living—the God of truth—whose universal presence always surrounds us; from whom we cannot conceal the inmost thoughts of our souls, and before whose holiness the holiest of us stands condemned. So have I striven in that heart-quailing hour to fashion an inner life, such as is required for our eternal existence, and our passage into the land of perfection. Vainly do we attempt to conceal from ourselves in our younger years, that to this end alone we exist; irresistibly we are borne on toward this exalted goal. How fast have the thirty years of our life vanished.”

His intense humility in the sight of the Author of truth is thus expressed by him:—

“ It is perhaps time that I quit this earth, but I leave it all, and always, in the hands of my God.”

He also said on the same occasion—

“ My head is full of truth for the good of mankind, and I have no wish to live but in so far as I can serve my fellow-men.”

When his dying moment arrived, and his devoted wife remarked to him—

“ Providence owes you a mitigation of your sufferings, since, in your life, you have alleviated the sufferings of so many, and yourself endured so much! ‘ Me,’ replied the dying sage, ‘ Why then me? Each man here below works as God gives him strength, and meets with a greater or less reward at the judgment-seat of man; but he can claim no reward at the judgment-seat of God. God owes me nothing, but I owe God much—yea, all.’ ”

The progress of Hahnemann from childhood presents all the elements of true greatness.

CHAP. IV. When all these facts, when this portraiture of the man are borne in mind, will not every ingenuous person feel indignation at the base vulgarity of those of the professed leaders of medical literature, who are powerful only in the strength of their vulgarity, who have dared to denounce this noble-minded, this high-toned moral philosopher, this bower-down of his selfhood at the shrine of duty, as an "impostor," as a "knave."

Such was Hahnemann's progress: its results may be reviewed. He discovered that the fact, established in reference to Peruvian bark, namely, that bark, being a specific for ague, depends upon its power of producing a disease similar to ague: that the principle, embodied in this fact, applies to all other specifics for diseases, these owing their specific properties to the power of producing symptoms exactly similar to those diseases, in the cure of which they are specific. He found further, that this principle applies not only to the medicines, commonly called specifics, but that all medicines are specifics, and that each medicine is a specific, a certain cure for the disease, to the symptoms of which it is able to excite corresponding symptoms in a healthy person: and, at length, so universal was the principle found to be, that Hahnemann stated it in the paraphrastic statement—

"*Similia similibus curantur*"—"Likes by likes are cured."

Such then is the principle. But to impress it still more, it may be stated in another form. Hahnemann found, that every individual medicine produces a *particular group of symptoms*, which may be regarded, being deviations from the usual manifestations of life, as a disease; and this group of symptoms, being produced by a medicinal agent, the disease thus produced being different from that, produced from other causes, he designates a *medicinal disease*: This was step first: Hahnemann further knew that certain *natural diseases*, that is, diseases, produced by causes not medicinal, present certain groups of symptoms: Step second: He then established, that there is such a relation established between the groups of symptoms, produced by a medicine, and the group of symptoms, produced in a disease, that, if the medicine, producing this group, is given to a patient, labouring under the corresponding group, the patient *must* be cured: in fact, that the remedy is the specific to the disease.

CHAPTER V.

Illustrations of the Homœopathic law presented in Nature.—Curious fact in regard to Sanctus.—Dr. Kentish's burn liniment.—Difference between like and identical.—Peculiar effect of ipecacuanha.—Illustrations of the Homœopathic principle in relation to the mind.—The Scripture rule.—Shakspeare.—Hippocrates.—John Hunter's views corroborative of the Homœopathic law.—Vaccination.—The similarity between small pox and cow pock.—Experiments of Dr. Basil Thiele and of Mr. Ceeley.

The law put forth by Homœopathists being one which is in CHAP. V. opposition to those hitherto deemed regulatory in medicine, and having, from its character of novelty, a position in which it is likely to be scanned with exactness, and to be met with doubt, it seems meet to consider whether the probabilities, derived from the observation of the facts in nature, will afford any evidence favouring the law itself. In fact, as this is a new principle, a newly discovered law, leading to quite a new practice, it may be advantageous to seek to justify it more fully from nature by noticing facts illustrative.

Before enumerating these illustrations, let it be remembered, that the homœopathic mode of cure is founded upon this, that the inducing a *medicinal disease, in symptoms similar to those presented in natural disease, will cure the natural disease.*

You knock yourself.

You rub the part knocked—that is, *you use a succession of gentle but rapid knockings.*

You are palsied.

You use strychnine, which produces palsy.

CHAP. V. You burn your fingers by a hot cinder or a hot iron. You hold the finger to the fire—that is, you put heat, the samething, in *another* form, to your finger.

To his friend, Mr. Peter Stuart, of Liverpool, the ship-owner who first supplied his ship's crew with homœopathic remedial means, the author is indebted for the following interesting illustration.—*Jones's History of the Christian Church*, vol. i., p. 249.

“ The most barbarous indignities were inflicted upon Sanctus, the deacon, to extort from him something injurious to the gospel, which he sustained in a manner more than human ; and such was the firmness with which he resisted the most intense sufferings, that to every question put to him by his tormentors, he had uniformly one reply—‘ I am a Christian.’ This provoked the executioners so much that they applied red hot plates of iron to the tenderest parts of his body, till he was one wound, and scarcely retained the appearance of the human form. Having left him a few days in this ulcerated condition, they hoped to make him more exquisitely sensible to fresh tortures, but the renewal of similar applications, while he was dreadfully swelled, was found to have the effect of reducing him to his former shape and restoring him to the use of his limbs.”

You scald yourself.

You apply hot spirits of turpentine and Dr. Kentish's burn* liniment ; but you do not do *identically* by scalding yourself again.

Some seem not to recognize the difference between the *like* and the *identical*. The homœopathist does not say if a man has overloaded his stomach by taking *one* dinner, he is to cure himself by taking another dinner ; or that a man, who is drunk, is to cure himself by an additional debauch ; but he maintains, that to cure the consequences of an overloaded stomach he is to take

* In the London Pharmacopœia, published by authority, there is a preparation, called linimentum terebinthinæ, or turpentine liniment, or Dr. Kentish's burn liniment, consisting of resin, wax, and oil of turpentine. This was introduced in the Pharmacopœia, having been used with such extraordinarily beneficial results by Dr. Kentish, a physician, who practised in mining districts, where scalds and burns are so very frequent. The plan of this gentleman was to wash the *scalded* or *burned* part with *hot spirit* of turpentine, and then to cover a rag with the liniment, itself highly heating and stimulating, and apply it over the burned or scalded surface.

a medicine, which has the power of producing symptoms similar to those, which an overloaded stomach produces; and that to cure drunkenness—that is, to remove its effects, the person must take that medicine, which has the power of producing symptoms similar to those produced by the intoxicating liquor taken.

You are frost bitten.

You rub with *snow*, a result of frost, but you do not expose yourself to the identical frost again.

If the homœopathic law is violated, and the cold feet are exposed to the heat of the fire, chilblains are caused.

You are griped.

You use colocynth, which gripes.

You are relaxed in the bowels.

You use rhubarb, which relaxes the bowels.

You are sick.

You use antimony, which produces sickness.

You have asthma.

You use ipecacuanha, which produces an asthma.

A medical friend can never remain in his pharmacy room when any prescription containing ipecacuanha is being made up: it brings on an asthmatic paroxysm. Dr. Chapman, of America, in his *Materia Medica*, testifies to the power of ipecacuanha in asthma.

You have sore throat.

Belladonna taken, which, according to Mr. Wade, produces swelling of the tonsils and inflammation of the palate, (*London Medical and Physical Journal*, 1827,) will cure it.

You have sweating sickness.

Medicines are given *which excite sweat*; and Sennertus, in his work *De Febribus* IV. cap. 15, relates that the English sweating sickness in 1485, which, Willis states, carried off at first ninety-nine patients out of one hundred, was only subdued by the administration of sudorifics.

You have strangury.

Cantharis, which produces strangury, will cure it.

You inhale chlorine gas, and have induced a violent wheezing cough with expectoration.

Chlorine has become famous in cough affections, particularly in phthisis.

You have ague.

You give arsenicum, which produces ague, and it is cured. HIPPOCRATES, *Lancet* 230.

CHAP. V. In Asiatic cholera there is excessive coldness.

Dr. Foote, who travelled in India and Persia, states, in his Treatise on Asiatic Cholera, that the Persians treat this disease with great success by cold water.

Your horse is about to shy from fright.

You strike him, and, by this other fright, prevent his shying.

View this principle in reference to the mind and see its success.

You have grief.

“ The theatre often has been resorted to to remove fits of low spirits, and it is a singular fact, that a *tragedy* oftener dissipates them than a *comedy*. The remedy, though distressing to persons, with healthy minds, is like the temperature of cold water to persons benumbed with frost ; it is exactly proportioned to the excitability of their minds, and it not only abstracts attention from themselves but revives their spirits.”

DR. BENJAMIN RUSH.

You weep.

“ Weep with those who weep.”—*Bible*.

You rejoice.

“ Rejoice with them who rejoice.”—*Bible*.

Fools attempt to cure grief by laughing. This is the antipathic mode.

Why is sympathy so soothing ? It is the addition of a form of grief to a form of grief : it is the addition of a form of joy to joy : we obey the Divine command, divine, and therefore according to man's natural constitution, “ To weep with those who weep, and to rejoice with those who rejoice.”

“ O let me join
Griefs to thy griefs, and echo sighs to thine,”

observes the poet : and Shakspeare, before whom scarcely any mental emotion seems to have passed unobserved, thus apostrophizes in *Romeo and Juliet*—

“ Tut, man ! one fire burns out another's burning,
One pain is lessen'd by another's anguish ;
Turn giddy, and be help by backward turning ;
One desperate grief cures with another's languish ;
Take thou some new infection to thy eye,
And the rank poison of the old will die.”

Ulrici, in his treatise on Shakspeare and the dramatic art,

is criticising the “Taming of the Shrew,” and, in referring to CHAP. V. that part where the feigned violence of Petruchio is the medicine to cure the violent temper of his cursed Kate, remarks, “a feigned perversity of temper has become the medicine of a real disease; and the drama itself, founded on psychological observation, is a representation of homœopathic treatment of the mind.”

The principle of overcoming one action by a similar action thus occurs in nature. Some cases in which such overcoming, in connexion with remedial agents, has been manifested under accidental circumstances, have been noticed: a few more may be selected.

Hippocrates relates the history of a prevailing CHOLERA MORBUS, which had resisted the usual remedies, but was accidentally cured by white hellebore: white hellebore produces, when taken, a cholera. *Book V.*

De Hean,* Sarcone,† and Pringle,‡ cured *pleurisies* by means of *squill*: and Wagner§ observes, that this plant produces pleurisy and inflammation of the lungs.

Ipecacuanha produces vomiting, and *ipeeaeuanha* in homœopathic doses is a most effectual remedy for vomiting.

Nux vomica produces *morning sickness*; and for morning sickness there is no better remedy than *nux vomica* in *infinitesimal* doses. ✓

Opium, it is well known, produces constipation: and hence, under the antipathic system, when the practitioner gives opiates to induce sleep, he prescribes on the following morning a purgative draught, to obviate the effect of the opiate on the bowels.

Homœopaths have proved, that opium is one of the best remedies for constipation, curing some most obstinate constipations; and in two diseases, namely, ileus and incarcerated hernia, in which it has been used with success by the allopathic practitioner, the homœopathist sees the reason of its success, the allopathist does not: he talks, it is true, of its relieving spasm,

* Ratio Medendi, b. i., p. 13.

† Geschichte der Krankheiten in Neapol. tom. i. 175.

‡ Observations on the diseases of the Army, ed. vii. 143.

§ Observationes Clinicae, Lubeck, 1739.

CHAP. V. but this is mere assertion, and exhibits his ignorance of the nature of the operation of the opium.

Jalap produces colics, and much uneasiness, and agitation, and it is one of the best remedies for curing the sharp bowel pains, which attack young children, making them so restless, and causing them to cry so violently.

Bark has been already referred to, as producing an intermittent fever, like that it cures: *Mercury*, as producing a disease similar to that it cures: *Sulphur*, producing the itch, which it cures.

Illustration might be added to illustration, but these few will serve to show the general bearing of the principle; indeed, it may be asserted with very little hesitation, that all actions and reactions are dependent upon the homœopathic law.

The homœopathic law is the rendering definite, in regard to the use of remedies, the principle put forth so clearly by John Hunter. He says, "As I reckon every operation in the body an action, whether universal or partial, it appears to me, beyond a doubt, that no two actions can take place in the same constitution, nor two local diseases in the same part at the same time.

"It naturally results from this principle, that no two different fevers can exist in the same constitution, nor in the same part, at one and the same time.

"A patient may have the scrofula, scurvy, lues, small-pox, &c., at the same time; all this is indeed possible, but then no two of them can exist in the same part of the body at the same time."*

Such were the views of this extraordinary man, and homœopathy verifies them. The homœopathic principle, discovered by Hahnemann, demonstrates the acuteness and the accuracy of Hunter; homœopathy stating that it is impossible that two similar diseases, "two different fevers," to use Hunter's phrase, can exist in the same constitution at the same time; and the homœopathic physician, feeling this, labours to discover the

* John Hunter's Treatise on the Blood, &c.—Fourth Edition, 1794, Introduction, pages 4, 5.

medicine which will produce a similar disease ; he administers CHAP. V. that and cures the patient.

As medical director to the Royal Jennerian and London Vaccine Institution twenty years, the author has vaccinated upwards of one hundred and twenty thousand children, and has seen thousands, who have been protected through life from the small pox, by the small quantity of vaccine virus introduced into their systems early in life. What is this but a disease, homœopathic to small pox, preventing small pox.*

* “ Experiments of late years have proved that, if vaccinia and variola are not identical, they are, at least, undoubtedly modifications of one miasm, and give rise to very similar symptoms.

Dr. Basil Thiele of Kasan (Russia) inoculated a cow with smallpox matter, and found that by so doing he could produce the true vaccinia, which was afterwards serviceable for vaccination. On the 3rd day after the inoculation, a hardness is perceived in the cellular tissue of the udder ; on the 5th, a vaccine-like pustule is formed ; on the 7th and 9th, this contains a clear lymph ; from the 9th to the 11th it begins to dry, and leaves a small superficial cicatrix. The matter so obtained can be either immediately employed, or kept for some time between glass. Dr. Thiele's first experiments were made in 1836, and successfully repeated in 1838. Since that time the subject has been admirably examined in this country by Dr. Ceely, (*Trans. of Med. and Surg. Assoc.*, vol. viii., for 1840), who has fully corroborated by his own experiments the observations of Dr. Thiele, whose trials were not known in this country at the time Dr. Ceely made his investigations, which makes the confirmation even more satisfactory. The subject had been previously investigated, however, by Dr. Sunderland (*Med. Gaz.*, Nov. 1831.)

“ The fundamental identity of the two diseases is further illustrated by other experiments of Dr. Thiele, which show, that, by being subjected to a very simple process, the variolous can be converted into the vaccine matter. The lymph from smallpox must be kept for ten days between pieces of glass waxed together, and then diluted with warm cow-milk, after which it assumes the appearance of common vaccine matter. Vaccination with this produces large pustules, and the common vaccine fever appears twice ; the first time between the 3rd and 4th days, and again more severely between the 11th and 14th. The redness of the circumference is more marked than in ordinary vaccination, and sometimes very small pustules appear. The cicatrix is larger and deeper than common, and its margin is at times sharp. When the operation is successively repeated upon 10 different persons, inoculating one from the other, the pox becomes more and more like the vaccinia until it is impossible to distinguish it. If there be no consecutive fever, the inoculation may be made from arm to arm without dilution with milk. If this rule be not attended to, then true smallpox appears. These observations were taken from experiments on about 3000 persons.” (*Fletcher's Pathology*, note by Editors, p. 137. See also *Bulletin de l'Acad. Roy. de Médecine*, Janv. 1841. Also *Edin. Med. and Surg. Journ.*, July, 1841, p. 290.)

“ A more striking resemblance between the two diseases, though a much more

CHAP. V. Numerous other evidences* might be brought to show that there is a homœopathy in nature : that the remedies, most successful in curing diseases under the old systems, owe their efficacy entirely to their homœopathicity to the diseases for which they have been employed : and that the wonderful cures, sometimes effected by accident, owe their production to the medicines prescribed being those homœopathic to the disease, in which they were so successfully given. This view will be more fully illustrated in a subsequent chapter.

rare occurrence in cowpox, is what may be called a crop of secondary eruptions. I do not recollect that these have been recorded by more than three writers." (Adams's *Popular View of Vaccine Inoculation*, p. 160, Lond. 1807.)

The three instances referred to are those noticed by the Rev. Mr. Hall (*Med. Journ.*, vol. ii. p. 402). Another of two cases in Madeira (same *Journal*, vol. ix., p. 309), and the third by M. Halle, to be met with in *Med. and Chir. Review*, vol. xv., p. 6, Miscel. In this paper the author notices several anomalies which appeared during a general vaccination at Lucea ; among the rest he remarks eruptions of pustules over the whole surface of the body, which took place at the time of the appearance of the areola round the inoculated part. These eruptions, which might easily be mistaken for variolous, differed, however, essentially from them in the manner of their formation, in the order in which they dried away, and especially in the nature of the fluid they contained.

We have seen a well-marked instance of eruption occurring in this city, on the person of a dairy-maid, where the original pustule was visible on the inside of the middle finger, and the greater part of the body covered with a pustular eruption.

A general eruption was also observed at the Hôpital Cochin (*British and For. Med. Review*, No. xxv., Jan. 1842, p. 247).—*Dr. Black's Principles and Practice of Homœopathy*, p. 43, 44.

* Those, wishing to prosecute further these illustrations, will find in the Appendix many interesting facts. See *Appendix*.

CHAPTER VI.

The characteristics of science ; certainty, simplicity, power.—The want of certainty in the old-system medicine ; testimonies by its practitioners : its presence in the Homœopathic system.—The want of faith in the practitioners of the old-system medicine.—Quotations from the writings of Cowan, Forbes, Fergusson, Bostock, Magendie, and others.

The results of mind must be manifestative of the mind whence CHAP. VI. they come. The Creator, as a God of order, must have established order in the creation, that is, must have impressed the character of the Divine Mind on the results of that mind's action.

The fact is so : the phenomena of the universe present regularity, i.e. order. The human mind is led by this regularity, and also by the consequent uniformity of phenomena, to seek for the cause of such regularity ; and, in so searching, the philosopher carefully links the phenomenon consequent with the phenomenon antecedent, and thus establishes in his own mind such a fixed connexion between these phenomena, that he is led to seek for some term, expressive of the cause of such connexion, and the term " Law " is that which has been and is used. It is by repeatedly exchanging one hypothesis for another that the true law of nature is at length evolved ; that is, those uniformities, which exist among a certain set of phenomena, are reduced to their simplest form of expression.*

* Introduction to the Study of Natural Philosophy, by Tomlinson, p. 7.

CHAP. VI. Thus man finds that *caloric*, applied to a body, causes that body to *occupy a larger space*. Repeated experiments with various bodies still farther demonstrate, that expansion is the *consequent* of the application of the *antecedent* something, caloric. He sees the connexion; says, the caloric is the *cause* of the expansion; and deduces at length as a *law*, fixed in the universe, CALORIC EXPANDS BODIES. In fact, he recognizes what has been so well asserted by the Swedish philosopher, “the discernment of universal connexion and continuity amounts to the discovery of truth.”—*The Animal Kingdom*, p. 157, vol. i., Ed. 1843.

Extending his inquiries man at length attains to natural science, which is a knowledge of the laws of the Creator. These laws are characterized by certainty in their results, by simplicity in their application, by power in their effects, and by their fitness to explain the phenomena presented in relation to them in the natural world.

It is a just deduction from these characteristics of science, that, if the law which Homœopathy embodies be true, Homœopathy must present these characteristics in a marked degree.

The scientific character of Homœopathy in possessing these characteristics will perhaps be exhibited most strongly by exhibiting previously the want of these characteristics by the old system of medicine.

The want of certainty in the old system of medicine is exhibited in the fact, that the old system *has no fixed rule in the use of remedies*.

A medical periodical, the most objurgatory of Homœopathy, is the *Lancet*. Some of the proofs of this want of certainty in connexion with the old system practice may, on *this* account, be taken from its pages:—

“*If the practice of medicine is to be redeemed from the reproach of uncertainty, which is at present attached to it,—if, as a science, medicine is to rank with other departments of natural knowledge, it must be by having all its various branches advanced, without exception.*”*

Here is an acknowledgment that uncertainty *is* at present

* *Lancet*, page 125, vol. i., 1844.

attached to the practice of medicine. There is something wanting in order that medicine may be redeemed from the reproach of uncertainty. CHAP. VI.

The editor of the same periodical in detailing some of the causes of the uncertainty, points out an immensity of knowledge as necessary to be attained before the uncertainty can cease:

“We want, too, to know of *what our remedies* consist—and *what changes* they pass through in their uses—the part they take as compounds—or what functions their components severally perform in the innumerable chemical processes, the decompositions and recompositions of organic substances, incessantly going on within a living organism—ALL THIS IS *almost*, IF NOT *altogether* unknown.”

But the lack of the information, necessary in order to the realization of certainty in reference to the action of medicines, is stated to be greater even than that already expressed.

“It is not sufficient that the most minute examination of the tissues of the body and its organs, by the most improved microscopes, should render our knowledge of morbid changes occurring in disease perfect. If we could attain to a complete interpretation of physical signs and the fullest etiology, (that is, the *causes of diseases*), still, without a knowledge of the elementary constitution of the materials of the body, of the aliments, of the chemical changes these aliments and materials undergo in the processes of life, and ere they are cast out of the body in the excretions, our pathology must necessarily be imperfect. Nay, it is still necessary that we should study these excretions further, and trace the *chemical changes* they are subject to under the *influence of remedial agents*, and until they are resolved into such forms as they ultimately take after having served the purposes of the economy. And, moreover, parallel with our chemico-pathology must be our *investigation* into the *nature and operations of remedial agents*. It is, perhaps, not saying too much to aver that there is not a single agent employed in medicine, about which there is not at present some point to be decided by a more elaborate chemistry. Scarcely is there one remedy known to be such, save empirically, the effects of which on the chemical constitution of the fluids, of the solids, of the secretions, are not, *almost*, if not *altogether*, unknown.”

CHAP. VI. If these matters are necessary to be known in order to enable the old system practitioner to practice physis with certainty, and yet are unknown, how uncertain must be the old system practice.*

But as additional evidence of the want of certainty in the old system, the following acknowledgment from this same periodical is peculiarly appropriate :

“ No less haziness and uncertainty hang around all our *vegetable* remedies, especially those which are indigenous to this country. The compilers of systems of materia medica and dispensaries are, after all, but compilers. They cannot be expected to verify the statements they make. There is *not one* that we are acquainted with who has fairly given the *authorities*, upon which his accounts of the effects of vegetable remedies are stated. *Nothing therefore is more difficult than to discriminate between conflicting opinions*, and no part of medicine, as it is known and practised, is so badly represented in books.”

With the acknowledgements here made, that the compilers of systems of materia medica are not expected to verify the statements they make ; that the authorities for the effects stated are hardly ever given ; need it be wondered that uncertainty should prevail in the old system medicine, when, with this want of authorities medical men of the old system act with medicines as if all was established. And well may the writer add, as he does :—“ If the natural philosopher or scientific chemist turn from his own science to *therapeutics*, he would be led either to *abandon his confidence* in the *uniformity and stability* of the *laws of nature*, or to infer that the *spirit of modern science* has *not yet animated the practical physician*.”†

Bichat is held forth as an authority by the editor of the periodical referred to, and the following is his language :—

“ There is not in the *Materia Medica*—that is, in the history of *remedies*—any general system ; but this science has been by turns influenced by those who have ruled in medicine. The in-

* It should be understood that the homœopathist does not regard these as at all necessary to successful practice ; in fact, he believes that many of the inquiries here related are as absurd and impossible as the search after the philosopher's stone.

† *Lancet*, 1844, vol. i. p. 454.

coherent assemblage of opinions themselves incoherent, it is perhaps, of all the sciences, the best representation of the caprices of the human mind. What do I say? It is not a science for the methodic mind; it is a shapeless assemblage of inexact ideas; of observations often puerile; of deceitful means; of formulas as absurdly conceived, as they are fastidiously collected. It is said, 'the practice of medicine is disheartening.' I say more—it is not in any respect that of a reasoning man, when we draw the principles in a great measure from our *Materia Medica*."—Bichat, *Anat. Gen. Consid. Gen.* tom. i. page 46.

The impossibility of arriving at certainty is established by the fact that results, after the use of the most directly opposite means, have been obtained so nearly alike that it is impossible to detect the difference.

Mr. Simpson, in a letter to the Journal referred to, thus states his experience:—"Having seen a great number of cases of the worst kind of typhus fever, in Belfast, Dublin, Edinburgh, and London, and having seen all kinds of treatment tried with nearly the same average success, I was at a loss to account for such contradictory results. I had always heard the subject reasoned on in a mathematician's manner, and, of course, *expected precise consequences* to given premises—namely, if (as one party say) you have ten cases of typhus fever, and don't bleed, you are sure to lose the half of them; but if you do bleed, you will, to a certainty, save nine of them. The advocates of the other system make the same calculations with the same confidence, as to the results. To my surprise, I found the *one party nearly as successful as the other*."

The uncertainty of opinion regarding the most common of diseases, or, perhaps, more correctly stated, the most common concomitant of most diseases—namely, fever, is thus attested by Dr. Bostock:—*Cyclopædia of Practical Medicine*, p. 68.

"Let us apply these remarks to the case of fever, the disease which has been styled the touchstone of medical theory, and which may be pronounced to be its opprobrium. At the termination of the last century, while the doctrine of Cullen was generally embraced, typhus fever was called a disease of debility, and was of course to be cured by tonics and stimulants. No sooner was it ascertained to exist, than bark and wine were ad-

CHAP. VI. ministered in as large doses as the patient could be induced, or was found able, to take. No doubt was entertained of their power over the disease ; the only question that caused any doubt in the mind of the practitioner was, whether the patient could bear the quantity that would be necessary for the cure. To this treatment succeeded that of cold affusion. The high character and literary reputation of the individual who proposed this remedy, its simplicity and easy application, the candid spirit which was manifested, and the strong testimonials which were adduced by his contemporaries, bore down all opposition, and we flattered ourselves that we had at length subdued the formidable monster. But we were doomed to experience the ordinary process of disappointment ; the practice, as usual, was found inefficient or injurious, and it was, after a short time, supplanted by the use of the lancet. But this practice was even more short-lived than its predecessors ; and thus, in a space of less than forty years, we have gone through three revolutions of opinion with respect to our treatment of a disease of very frequent occurrence, and of the most decisive and urgent symptoms. Are we then to conclude that all medical treatment is of no avail ?—that it is all imaginary or deceptive ? We should feel most unwilling to be compelled to form such a conclusion.”

Dr. James Johnson, one of the most judicious of the old-system practitioners, recommends, in his “ Diseases of Tropical Climates,” as the *basis* of all successful treatment, “ bleeding and calomel.” Dr. Dickson asserts that “ bleeding and calomel are the most *deadly enemies* in a tropical climate.”

Dr. Rush, of Philadelphia, thus writes :—“ It seems to be one of the rules of faith in our art, that every truth must be helped into belief by some persuasive fiction of the school. And I here owe it to the general reader to confess, that as far as I know, the medical profession can *scarcely produce a single volume* in its *practical* department, from the works of Hippocrates down to the last made text-book, which, by the requisitions of an exact philosophy, will not be found to *contain nearly as much fiction as truth*.” The author adds, further, “ Upon these points, and bearing in mind that we have now in medicine the recorded practice of more than two thousand years—let the reader refer to the proceedings of the medical profession during the prevalence

of the so-called ' Asiatic cholera,' and he will find their history everywhere exhibiting an extraordinary picture of prefatory panic, vulgar wonder, doubt, ignorance, obtrusive vanity, plans for profit and popularity, fatal blunders, distracting contradictions, and egregious empiricisms." CHAP. VI.

In fact, such is the want of certainty, that the best physicians of the old system are sceptical respecting the virtues of medicines.

Dr. Williams, who was many years physician to St. Thomas's Hospital, who lectured there on the theory and the practice of medicine, and who wrote an elaborate work, entitled "*Elements of Medicine*," his friend Dr. Chambers declares, concluded his career by having "*in truth little faith in physic.*"*

Dr. Cowan, a physician of some eminence practising at Reading, in his translation of a work by P. Ch. A. Louis, entitled, "*Pathological Researches on Phthisis*," remarks, " Medicine for many very evident reasons has been and continues to be the victim of varied and contradictory hypothesis : the minds of all who have attempted to trace its deviatory course, have wearied in the vague conflict of opinions, and have either sheltered themselves under the authority of a name, or satisfied their doubts by the creation of a principle quite as hypothetical and uncertain as any by which they were previously bewildered."

Dr. Forbes, physician to the Queen's household, thus writes in *The British and Foreign Medical Review*, 1846 :—" Who among us, in fact, of any considerable experience, and who has thought somewhat, as well as prescribed, but is ready to admit, that in a large proportion of the cases he treats, whether his practice in individual instances be directed by precept and example, by theory, by observation, by experience, by habit, by accident, or by whatsoever principle of action, he has no positive proof, or rather, no proof whatever, often, indeed, very little probability, that the *remedies* administered by him exert *any beneficial* influence over the disease ? We often may hope, and frequently believe, and sometimes feel confident, that we do good even in this class of cases ; but the honest philosophical thinker, the experienced scientific observer, will hesitate, even in the best of cases,

* Anniversary address to the Royal Medical and Chirurgical Society, March, 1846.

CHAP. VI. ere he commit himself by the positive assertion that the good has been done by him.

“ ‘ Has Dr. Latham,’ it is asked, ‘ ever seen patients affected with severe acute rheumatism sent forth from the hospital in a state of (to their feelings) complete restoration, which patients had nevertheless undergone no treatment but that signified by abstinence, the free use of diluents, and the occasional administration of a gentle laxative ? Probably he has not. We have, and we confess that such sights have shaken our faith.’ ”

Dr. Fergusson, an army physician, after a long residence and extensive practice in the West Indies and America, and during the Peninsular war, states his experience in reference to the same disease, fever :—

“ ‘ The term fever is as mysterious as it is comprehensive ; it is, in a great degree, peculiar to the human race, and never as an idiopathic disease, affects the lower animals. The uncivilized man appears to possess, to a certain extent, an exemption ; for the negro tribes feel little of malarious fever, and the Indian races are far less subject to it than European * * * Have we any safeguard ? None, but in the good keeping, good condition, physical and moral, of the troops : no remedy after the disease is established, none whatever in the way of physic ; for the best physician that ever existed will lose more patients than the most ignorant hospital mate, if he neglects the precautions of discipline and cleanliness ; and if both be on a par in this respect, the event will, in nine cases out of ten, be precisely the same. Hence it appears that physic does nothing, and has done nothing towards establishing a better mode of treatment since the days of Hippocrates.’ ”

To these statements may be added those of Magendie ; opinions delivered by him not more than three years since, and addressed to the students of medicine, studying at the Hotel Dieu at Paris, to which he is physician, and as such, must have had extensive opportunities of judging of the effects of medicine :—

“ ‘ Medicine can only exist but inasmuch as patients have faith in it, and claim its assistance. It is not by theories that it lives, but by clients.’ ”

He adds :—

“ ‘ Listen to those whom you meet with in society, and you will

be surprised to hear of the wonderful cures which Homœopathy CHAP. VI. has performed. Moreover, we must not deny that many patients have recovered their health in a most unhopèd for manner while under homœopathie treatment. This brings us back to a question which I have often raised, and which I have endeavoured to elucidate by experiments for the last ten years—namely, *what is the influence of treatment on the progress of disease?*

“ In hospitals, as well as in private practice, we must first take into consideration the influence on the mind of the patient. Now there can be no doubt but that a patient who takes a medicine experiences immediate benefit, from the *conviction* that it will favourably modify his disease. If this favourable result takes place, what has been the real share of the medicinal substance administered? Medical men are always inclined to attribute the cure of the disease they treat to the means which they have employed; but recollect that disease generally follows its course, without being influenced by the medication employed against it.”

He then makes the following astounding statement, at once showing the perfect uncertainty of the *old-system* medicine:—

“ These reflections explain at once the cures of which Homœopathy is so proud. Homœopathy, instead of bleeding a patient, will place gravely on his tongue a globule of aconite, which he will swallow with confidence and faith. You then see the disease improve. But it would have improved just as well without globules, provided some singular operation had struck the imagination of the patient.

“ What I state respecting medicinal substances is equally applicable to bleeding. A patient is seized with the symptoms to which the term inflammatory has been applied, and asks to be bled, believing that the loss of blood will cure him. You open a vein, and the abstraction of a certain quantity of the vital fluid is followed by an amelioration of the symptoms. But take care how you interpret the fact: the improvement may be owing to the *moral* effect produced, more than to the venesection. I will mention as a proof what I have often observed in my wards at the Hôtel Dieu. A patient labouring under acute disease, pneumonia, for instance, enters the hospital, believing firmly that he

CHAP. VI. ought to be bled ; I bleed him, but merely to the extent of two or three ounces, too small a quantity for the circulation to be in the least influenced by its abstraction. Nevertheless, the patient becomes more calm, and says he is better. A mere trial of bleeding will thus often suffice to arrest the progress of a disease which, under another physician, would be treated by abundant depletion. For more than ten years I have not found it necessary to have recourse to *copious bleeding* ; in other words, I have rather endeavoured to act on the mind of the patient than on the circulation, and I have no hesitation in asserting that my practice has not been the less successful. Indeed, were I to tell you my mind entirely, I should say, that it is more especially in the hospitals, in which the most active treatment is adopted, that the *mortality* is the most *considerable*.”

These testimonies leave no room for doubt as to the uncertainty of the old system medicine. Magendie’s testimony decides the question, not as to the power of homœopathic remedies, which he presumes to give an opinion upon without ever having tried, but as to the inefficacy of the old system practice ; in fact, his concluding testimony is an efficient answer, that homœopathsists can use, to rebut the nonsense talked about the great efficacy of what is called active treatment.

How, in relation to this uncertainty, does homœopathy stand ?

Homœopathy presents certainty, in presenting a *law*.

It teaches that a law regulates the action of medicines on diseased bodies : this law being, “ DISEASES ARE CURED MOST QUICKLY, SAFELY, AND EFFECTUALLY, BY MEDICINES WHICH ARE CAPABLE OF PRODUCING SYMPTOMS SIMILAR TO THOSE EXISTING IN THE PATIENT, AND WHICH CHARACTERISE HIS DISORDER.

It maintains that this law is *universal* ; that all medicines acting curatively, have acted, do act, and will for ever act, in accordance with the principle embodied in this law ; in fact, that all medicines are *specifics*—each one being specific to the given disease, of which, if taken by a healthy person, it produces the resemblance.

This clear, well-defined law gives certainty, and presents simplicity. It affords the foundation on which the homœopathist builds. It affords the mariner’s compass, which enables

him to steer clear of all the quicksands which the misdirected ability of Cullen, Boerrhave, Brown, Clutterbuck, Broussais, Armstrong, and others, have thrown up, to the destruction of medical navigators, and of the crews with which they were entrusted. CHAP. VI.

The homœopathist ensembles himself in this one point. He cannot be charged with beating about the bush. He stands upon an unity. He has no loophole of retreat. He gives his opponent the knowledge of his vital part. Disprove the law, and homœopathy is undone.

But in thus propounding his principle he feels his strength in this, that his foundation is a law of the Creator—a law, the discovery of which arose from careful deduction, resulting from a happy coincidence which affected the mind of Hahnemann; even as a happy coincidence affected the mind of Newton, and led to the discovery, by deduction, of the law of gravitation.

Having this law, the homœopathist is not troubled in his curative proceedings, by the contending opinions and never-ending inquiries respecting counteraction, revulsion, stimulation, depletion, palliation, &c.

Homœopathy presents *certainty* in the *treatment of disease*. It opens to view the consolatory doctrine, that, to cure a disease all that is required is to find a substance, either presented in nature or contrived by art, which, if taken by a person in health, will produce in him symptoms similar to those manifested in the disease: give that to the diseased, and the diseased will be cured.

Homœopathy *thus* brings medicine within the range of the *exact* sciences. It realizes the doctrine, that order reigns in the department of nature relating to remedial agents, as it does in other departments of nature. It establishes that the Creator has established a law to regulate the action of medicines upon the body diseased, as He has to regulate the action of foods on the body in health.

Homœopathy thus dispels the stupid dogma of the uncertainty of medicine. In fact it establishes a truth, as Hahnemann has remarked, “that though there are not specific medicines for individual diseases, as these are described by ordinary pathologists, yet for every *particular phase* of disease there is a specific remedy.”

CHAP. VI. It realizes successfully one line of inquiry which Professor Alison maintains is essential: for he remarks—"Our hopes of the increasing efficacy and usefulness of our art must depend on the progress which may yet be expected in two lines of inquiry, in which our success has as yet been only partial; first, in the DISCOVERY OF SPECIFICS, which may counteract the different diseased actions of which the body is susceptible as effectually as the cinchona counteracts the intermittent fever, citric acid the scurvy, or vaccination the small pox," &c.

It shows that all man has to do is diligently to labour to discover the powers of medicinal agents, and to collect the phenomena of disease: and then if he applies the medicine appointed by the Creator as specific to the individual disease, he *must* cure, that is, if the disease has not advanced so far that it is not to be acted upon by medicine.

Homœopathy, in establishing this certainty, has realized for the medical art what it never realized before: for medicine, except when the homœopathic law is recognized, is, as the facts recorded in this chapter certify, a mass of uncertainties.

Homœopathy justifies itself as scientific. As has been well observed by Carson,—“Nothing can be justly called science that is not either in itself self-evident, or legitimately drawn from principles that are self-evident. So far as any system is not so founded, so far it has no pretensions to rank among the sciences. However obvious and unquestionable is this observation, it was for many an age neglected on almost every subject but mathematics. Systems were founded on arbitrary hypotheses, and formed by invention. Things were taken for granted which were neither in evidence, nor self-evident; and the true primary facts, that must lie at the bottom of all human knowledge, were never sought.”

Like as it was with the study of mental phenomena till certain fixed principles were discovered, so it was with medicine till Homœopathy was discovered; but Homœopathy having based itself on a principle legitimately deduced, its claims to science cannot be successfully disputed.

How applicable are the following remarks of Dr. Reid, in his *Philosophy of the Human Mind*, to the position of Homœopathy:—

“ In natural philosophy there were no less dispute and uncertainty than in other sciences, until, about a century and a half ago, this science began to be built upon the foundation of clear definitions and self-evident axioms. Since that time the science, as if watered with the dew of heaven, hath grown apace, disputes have ceased, truth hath prevailed, and the science received greater increase in two centuries than in two thousand years before.”

And what Carson, referring to Reid's work, remarks as the result of the discovery of certain fixed principles in reference to the human mind, may be applied to Homœopathy, and the results which must occur to practical medicine from its discovery.

“ The obligations which the science of mind is under to this illustrious philosopher, by the application of the same method of philosophising, are known to all. Previously to his time, it does not deserve the name of science. Whatever number of facts were discovered, for want of self-evident first principles, there was no certainty, no standard. Ingenuity sported without control, and with all the forms of science established the most revolting paradoxes.”

May not this statement truly be read thus ?

The obligations which the science of *medicine* is under to the illustrious *Hahnemann*, by the discovery and the application of the homœopathic law, are known to many. Previously to his time, medicine did not deserve the name of science. Whatever number of *medical* facts were discovered, for want of a self-evident first principle or law, there was no certainty, no standard. Ingenuity sported without control, and with all the forms of science established the most revolting paradoxes.

CHAPTER VII.

Old system medicine cannot be certain.—Medicines given in combination.—Cases of epilepsy, tetanus, and neuralgia.—The character of the old system prescription.—Absurdities embodied in an old system prescription.—The impossibility to obtain definite results from the old system remedies; testimonies of the most talented physicians to this.—The discarding of the Medical Section by the British Association.—Dr. Forbes' statements of the wants of the old system.—The beautiful simplicity in the mode of administration of medicines by the Homœopathists.

CHAP. VII. Not only has not the old system of medicine the feature of science, certainty, but it *cannot* attain to certainty. It is utterly impossible to attain to certainty with its mode of procedure.

Its mode of procedure is destitute of simplicity. Its questions as to the curative powers of medicines are not clearly and definitely put, and therefore have not been clearly answered. And the reason why these questions have been thus obscurely and indefinitely put is, because in exhibiting a medicine the old system practitioner has had to ascertain the effects, not as exhibited singly by itself, but as given in combination, and further, because the virtues of medicines were sought to be ascertained by trying them on the sick.

To illustrate the first source of uncertainty, a few illustrations from the old system practice may be given:—

“TETANUS.—Mr. Solly records, in the *Medical Gazette*, a case of this disease which terminated favourably. The patient was admitted into St. Thomas's Hospital, having, about seventeen days previously, received a lacerated wound of the little

finger of his left hand. The symptoms of a severe attack of CHAP. VII. the disease were well marked, and the patient was discharged cured, in about nine weeks from the date of his admission. In reference to treatment it is quite impossible to say anything definite. The patient was admitted under Mr. Green, and treated by Messrs. Travers, Solly, and South, conjointly and separately. Opium, Indian hemp, tobacco, turpentine, blisters, brandy, &c., were administered *ad infinitum*. The spasms seemed to abate after some doses of the hemp had been given, but Mr. Solly is not disposed to place much reliance on this, as a large blister was, at the same time, applied along the spine.”—*Lancet*, 1844, vol. i, p. 163.

The next case is EPILEPSY.

“ CURE FOR EPILEPSY.—M. Lemoine has successfully treated three cases of epilepsy by the administration of the following mixture:—Liquor ammoniæ—twelve minims, syrup of orange flowers—one ounce, distilled water of linden flowers—two ounces, and distilled water of cherry laurel—half an ounce—for a mixture.”

This is followed by a statement of the three cases.

“ The active principles in M. Lemoine’s formula, are the ammonia and the prussic acid in the laurel water. The quantity of the latter, however, is so small, that we cannot attribute to it much influence over the morbid state of the economy. Ammonia, as nearly every other medicine, has been tried repeatedly in the treatment of this dire disease, and has failed. Still we are so utterly powerless in most cases of epilepsy, that no remedy, which is brought forward as a successful therapeutic agent, should be dismissed without having been tried in the manner in which it is stated to have succeeded.—*Révue Médicale*.”—*Lancet*, vol. i, 1844, p. 8.

A third case may be selected. It is of painful nerves (NEURALGIA). It is recorded by Dr. Edward Binns:—

“ — Leslie, a joiner and cabinet maker, has suffered many years under *neuralgia*, in its most aggravated form; none of the usual remedies afforded any relief. He was *bled* at Christmas to fainting, since which period, his attacks have been less frequent and less severe. After venesection, he was treated with *arsenic* (Fowler’s solution) and *citrate of iron*. He is

CHAP. VII. now, comparatively speaking, free from neuralgic attacks; but the disease, I regret to say, is not radically extirpated."

These three cases, are selected from one volume (Lancet, 1844.) From the volumes of that, and of other medical Journals, hundreds of cases, presenting nothing but uncertainty, might be gathered without difficulty; in fact, the difficulty would be not to find them. As to the uncertainty, may it not be boldly asked, Can any one draw any certain conclusion as to the remedy, that effected the cure in any of these cases?

In reference to the case of "tetanus," it is stated "the spasm seemed to abate after some doses of hemp had been given," but it is added, "Mr. Solly is not disposed to place much reliance on this, as a large blister was at the same time applied along the spine."

Mr. Solly was right in not deducing—and why? Because, while two means are in use, and a benefit results, who can tell to which the effect is to be ascribed? Now, had these leading surgeons, Travers, Solly, and South, recognized the simplicity of science, they would have used one remedial agent at a time, and thus have made their observations useful. All that is known is, that certain remedies were given, and that a case of tetanus recovered.

So in the case of epilepsy—what was the remedy which cured the patient? Can any one tell? Can even M. Lemoine himself, who administered the remedies?

And, in like manner, in the case of neuralgia—did the arsenical solution, or the bleeding, or the citrate of iron, effect the cure? Can Dr. Binns tell?

Liebig remarks, "Every question, clearly and definitely put has been clearly answered. It is only when an inquirer has no precise idea of what he seeks, that he remains unanswered." Can any one get a clear, a definite answer to the question put in reference to the cases of tetanus, epilepsy, and neuralgia—namely, what was the curative agent? The answer is, No; and if "no" be the answer, science could not have been the basis of the questioning of those diseases by remedies; and he who does not put his question clearly and definitely has no right to claim that he is scientific.

As long, then, as the old system questions disease as to what

is its remedy, by numerous remedies, embodied, as it were, in CHAP. VII. one questioning, it *cannot* get an useful answer. Leaving simplicity, science is deserted, and science being deserted, certainty is lost.

But it may be supposed that the combination of medicines is not a necessary part of the old system medicine. The best answer to this is to be found in the following description of the construction of a prescription by Dr. Murray, one of the best writers on the old system Medicines:—

“A prescription has been usually divided into four parts, which compose it, the *basis*, or principal ingredient; the *adjuvans*, or that which is designed to promote the action of the former: the *corrigens*, or that intended to correct its operation, or obviate any unpleasant symptom which it may be apt to produce; and the *constituens*, or the substance which gives to the other ingredients consistence of form.”

Murray adds further the circumstances to be attended to in a prescription.

“1st. Simplicity is to be attained, so far as is consistent with the objects of the prescription. In general, the practice of accumulating a number of articles in one prescription is to be avoided. as there is always the risk of one counteracting or modifying the action of another.

“2nd. Substances ought not to be mixed together which are capable of entering into chemical combination, or decomposing each other.

“3rd. Those medicines also are to be avoided, in which one medicine by its peculiar action on the stomach or general system, modifies and changes the action usually exerted by another.

“4th. The error of contra-indication is to be guarded against, or those medicines ought not to be combined, the virtues of which are not merely different, but are, in some measure, opposed to each other.

“6th. The ingredients, which are to be combined, must be such as will mix properly together, so that the form in which the remedy is designed to be exhibited may be easily obtained and preserved.”

These very rules prove that the old system recognizes a com-

CHAP. VII. bination of medicines in one prescription; they further prove by the character of the rules themselves, that even the old system recognizes how many difficulties are associated with the practice of using a combination; and further, these rules demonstrate that the old system cannot carry out its ends, without this combination of medicines.

The absurdity of this system of administering more medicines than one at a time, the object being to ascertain the power of the medicine administered, has been graphically pointed out by Hahnemann.

He asks, "Is it wise to mix many substances in one receipt? Can we by so doing ever raise medicine to certainty? Can we tell which of the substances we have employed has effected the cure, which the aggravation? Can we know in a similar case what medicine to select, what to avoid? Of all the problems in physics the ascertainment of a resultant of various forces is the most difficult to solve, and yet we can measure with accuracy the individual composing forces. In vital dynamics, we cannot guage a single simple force, and yet we dare to guess at the results of an exceedingly complex combination. Would it not puzzle any one to predict the position which six billiard balls flung with the eyes shut upon the table would ultimately assume? and yet your practitioner flings into the human system his half dozen ingredients and professes to know their exact result upon the sensitive frame? The more complicated our receipts the darker will it be in medicine."

Hahnemann, with that quiet irony for which he was remarkable, exposes the absurdity and consequently the uncertainty of the deductions which are put forth in the common *Materia Medica*. Referring to the virtues ascribed to some combination, he remarks:—

"It would not be more absurd than if some one were to try to persuade us that he had discovered a good nutritive substance in *kitchen salt*; that he had ordered it to a man half starved, and that he no sooner had eaten of it, than he was invigorated, satisfied, and strengthened, as if by a miracle; that half an ounce of common salt was the basis and chief ingredient of this nourishing mixture, which, *lege artis in quantum satis*, (according to the rule of art in as much as sufficient of), boiling water. was to be dis-

solved as the vehicle, then, as a *corrective*, a good lump of CHAP. VII. BUTTER should be added, and, as *adjuvans*, a pound of fine eut RYE-BREAD. This mixture (soup) after being properly stirred, was to be taken at once by the famished patient, and by it his hunger would be completely appeased:—all the latter ingredients were merely accidental additions in the formula, the essential ingredient was the half ounce of salt. This was prescribed by him as the base of the whole receipt; and observe it had, when prepared accurately, according to these directions, in his hands always exhibited the most beneficial results.

“ If, in this KITCHEN *Materia Medica*, to the article *sal culinare* (culinary salt), the properties of *saturans* (saturant), *analepticum* (analeptic), *restaurans* (restaurant), *reficiens* (refreshing), *nutriens* (nutritive), were added, it would not be more childish than the conduct of the physician, who arbitrarily ordained one substance to be the basis of his diuretic, then added two, three, or four other powerful medicinal substances (as corrective, directing, adjuvant, excipient), and ordered the patient to walk up and down the room while taking the medicine, drinking at the same time largely of sack-whey made of Rhine wine, and then published triumphantly the extraordinary success of the basis he prescribed, “ The patient has passed more urine than usual.” In his eyes, the added substances and the regimen are mere unimportant additions, and guiltless of all results; that to the substance which *he* has made the principal in the receipt, and in which (he knows why) *he* takes the deepest interest, may be ascribed all the effects produced. Thus it naturally happens, when, by such arbitrary and careless praise of a medicine which some one has taken a fancy to, and to which he was determined to attribute some definite medicinal property, the undeserved surreptitious attribute, diuretic, emmenagogue, resolvent, sudorific, expectorant, antispasmodic, are inscribed in the good-natured *Materia Medica*, where they afterwards figure as truths, to the delusion of posterity.

“ Thus, from a calculation based upon the effects of this mixture, must the special operation of a drug be derived! How small a part of the uncertain credit of having compelled an increased secretion of urine, sweat, or catamenial discharge, was ascribable to each individual in the receipt! Consequently, the

CHAP. VII. general therapeutic reputation of drugs, hereditarily celebrated from Dioscorides downwards, which occupy the greatest share even in *Materia Medica*s of our own day, that this or that medicine was diuretic, expectorant, or a purifier of the blood, is quite unfounded."

The absurdity of the heterogeneous mass of medical materials in one prescription has been exposed by others.

Helmont remarks :—

" Thereupon the physicians mingle one mixture with another, and give over and over to the sick a slip-slop, sticking into it a thousand kind of things, that, if one does not help, another may, or if they can at least excuse themselves with saying, they have so directed the cure of this or that patient, as is the customary and usual way."

As Hahnemann remarks, it might almost be imagined from the prescriptions of the old system practitioners, that the articles ordered in their prescriptions had some peculiar intellectual discernment, so as to go to the part to which they are destined by the physician:—

" To direct its energies hither and thither in the body, and give it the necessary instructions on its passage (the peculiar operation of the drug being all the time unknown), as if the drugs were intelligent beings endowed with well-disposed wills and complacent obedience, so that they would produce just that effect in the body which the doctor ordered them, and not a particle more."

Montaigne ridicules the absurdity of these supposed directions being taken by the medicines :—

" Of the whole heap, having compounded a potion, is it not an idle fancy to hope that its various virtues shall proceed to extricate themselves from that mixture and confusion, in order to execute missions so diversified? I should fear excessively that they might lose or change their billets, and excite a riot in their quarters?"

Dr. Luther happily observes :—

" In mixing together so many different kinds of drugs, physicians consider the stomach *a general post office*, where all the drugs arrive at once, and are thence dispatched, each to its proper destination, one to the nerves, another to the circulation, another to the lungs, another to the brain."

It is presumed that with these statements and views before the CHAP. VII. mind, the conclusion of Hahnemann, that the usual therapeutic reputation of drugs is quite unfounded, all unbiassed thinkers will agree: and, as almost all the articles of the *Materia Medica* have had their principal effects gained in combinations with other medicines, it is certain that uncertainty must prevail in a system of medical practice, which has medical means only thus obtained.

Many of the most enlightened old-system practitioners have acknowledged that no definite results have been obtained from the experiments with medicines.

Girtanner declares, respecting the *apparatus of medicines*:—

“The apparatus medicaminum is nothing else than a careful collection of all the fallacies that physicians have ever fallen into. Some just opinions, founded on experience, are mingled with them; but who will waste his time in searching out the little grains of gold from this vast dunghill, which physicians have been heaping up for two thousand years?”

Sir Gilbert Blane, whose name still exists in remembrance as a medical philosopher, remarks:—

“In many cases patients get well, in spite of the means employed, and sometimes when the practitioner fancies he has made a great cure, we may fairly assume the patient to have had a happy escape.”

Sir Gilbert Blane further adds, “when it is further considered what a mass of credulity and error has actually accumulated in medicine, when we cast our eyes upon our shelves, loaded with volumes, few of them containing any genuine profitable knowledge, the greater part of them composed chiefly of statements either nugatory, erroneous, inapplicable, or mischievous, in which the dear bought grain is to be sought in the bushels of chaff, may it not be questioned, whether such researches have not tended more to retard and corrupt than to advance and improve practical medicine?”

Moliere remarks,—“ces scelerats osent tout tenter sur cette confiance, que le soleil eclairera leur succès et que la terre couvrira leurs fautes.”

The flagrant violation of all scientific regularity in the exhibition of remedies is acknowledged by a high authority:—

CHAP. VII. Dr. Johnson, in reviewing the indiscriminate prescribers of kreosote, iodine, &c., says,—“ The patrons of the new remedies would seem in their experiments to proceed on the principle of that hospital physician who ordered his clerk to bleed the south ward and to vomit the north. They appear to have heard of the observation of the late Dr. Pearson. He was testing the effects of the sulphate of baryta: he gave it to almost every patient under his care. When surprise was expressed at this method of procedure, he replied naively enough, ‘ How can I tell what its effects are unless I give it in every disease ? ’ ”

Taking these statements as correct, the following assertion of Professor Gregory will not be regarded extraordinary:—

The late Professor Gregory used often to declare in his classroom, that “ ninety-nine out of a hundred medical facts were so many medical lies, and that medical doctrines were for the most part little better than stark nonsense.”

He is not solitary in his opinion.

Dr. James Johnson, who was perhaps better acquainted than almost any physician of the old system with its results, thus declares his experience:—

“ I declare my conscientious opinion, founded upon long observation and reflection, that if there was not a single physician, surgeon, apothecary, man-midwife, chemist, druggist, or drug on the face of the earth, there would be less sickness and less mortality than now obtains. When we reflect that physic is a ‘ conjectural art ’—that the best physicians make mistakes—that medicine is administered by hosts of quacks—that it is swallowed by multitudes of people without any professional advice at all—and that the world would be infinitely more careful of themselves if they were conscious that they had no remedy from drugs; these, and many other facts will show that the proposition I have made is more startling than untrue. But, as it is, drugs will be swallowed by all classes, rich and poor, with the hope of regaining health and prolonging life, and also with the expectation of being able to counteract the culpable indulgence of the appetites and passions.”

The subject of medicines and their virtues is one which the exact thinkers under the old system medicine turn from with that dislike which always is felt, when one is obliged to employ

as useful what he does not believe in as such. Dr. Golding Bird has thus depicted the state of the professional mind:—

“ Although no one can be more convinced that a sound pathology can be the only trustworthy guide to treatment, still I would urge on every member of our profession the *propriety of not voting* THERAPEUTICS A BORE, as is too often done.” *

The study of the means by which the medical man attempts to remove disease, is attended with so much dissatisfaction as to be voted a bore. It is the same as if the carpenter voted his chisel, his saw, his gimblet a bore.

Sad indeed must be the state of old system medicine, when such an acknowledgment is made.

Such being the condition of uncertainty in which the old system of medicine is placed, it is clear that before any certainty can be obtained therein much must be done, in fact, every thing is *to be* done. Dr. Forbes recognizes this.

He, after detailing the defects in the old system of medicine, proceeds to notice the means necessary for the removal of these defects. Among other means he points out the following:—

“ To *reconsider* and *study afresh* the physiological and *curative* effects of all our therapeutic agents with a view to obtain more positive results than we now possess.

“ To endeavour to establish, as far as is practicable, what diseases are curable, and what are not; *what treatment is the best, the safest, the most agreeable*; when it is proper to administer medicine, and when to refrain from administering it, &c. &c.

“ To endeavour to substitute for the *monstrous system of Polypharmacy* NOW UNIVERSALLY PREVALENT, one that is, at least, vastly more simple, more intelligible, more agreeable, and, it may be hoped, one more rational, more scientific, more certain, and more beneficial.

“ To inculcate generally a milder and less energetic mode of practice, both in acute and chronic diseases; *to encourage the*

* Gulstonian Lecture at the Royal College of Physicians, London, May 5, 1848, extracted from the Journal of Health and Disease, vol. iv., page 223.

CHAP. VII. *Expectant preferably to the Heroic system*,—at least where the indications of treatment are not manifest.

“ To discountenance all active and powerful medication in the acute exanthemata and fevers of specific type, as small pox, measles, scarlatina, typhus, &c., until we obtain some evidence that the course of these diseases *can be beneficially modified* by remedies.

“ To discountenance, as much as possible, and *eschew the HABITUAL use* (without any sufficient reason), of certain powerful medicines in large doses, in a multitude of different diseases, a practice *now generally prevalent and fraught with the most baneful consequences*.

“ This is one of the besetting sins of English practice, and originates partly in false theory, and partly in the desire to see *manifest and strong* effects resulting from the action of medicines. Mercury, iodine, colchicum, antimony, also purgatives in general and bloodletting, are FRIGHTFULLY MISUSED *in this manner*.

“ To encourage the administration of simple, feeble, or altogether powerless, nonperturbing medicines, in all cases in which drugs are prescribed *pro forma*, for the satisfaction of the patient's mind, and not with the view of producing any direct remedial effect.

“ One would hardly think such a caution necessary, were it not that every-day observation proves it to be so. The system of giving and also of *taking* drugs capable of producing some obvious effect,—on the sensations at least, if not on the functions,—has become so inveterate in this country, that even our *placebos* have, in the hands of our modern doctors, lost their original quality of harmlessness, and often please their very patients more by being made unpleasant!

“ To make every effort not merely to destroy the *prevalent* system of giving a vast quantity of unnecessary and useless drugs, (to say the least of them,) but to encourage *extreme simplicity in the prescription* of medicines that seem to be requisite.

“ To endeavour to break through the routine habit *universally prevalent*, of prescribing certain determinate remedies for certain determinate diseases or symptoms of diseases, merely

because the prescriber has been taught to do so, and on no CHAP. VII. better grounds than *conventional tradition*.”

Such are the wants appertaining to the old system. If all these are to be realized before the defects of the old system are removed, they will, by adhering to that system, never be removed.

In fact, Dr. Forbes has come to the humbling conclusion, that the duty of the physician is much less the *curing of disease* than the *preservation* of the health. He points out, that a principal means necessary to raise medicine is—

“To direct redoubled attention to hygiene, public and private, with the view of preventing diseases on the large scale, and individually in our sphere of practice. *Here* the surest and most glorious triumphs of medical science are achieving and to be achieved.”

Dr. Forbes is not alone in the acknowledgment that the healing of disease, which has always been thought the chief object of the physician, is not; but that so utterly helpless is the physician therein, that he must turn his attention principally to the preservation of health. In fact the occupation of the physician is not MEDICINE but PROPHYLACTISM.

Dr. Smiles testifies to the same doctrine as Dr. Forbes. In his valuable work on Physical Education, he remarks—

“It would prove most useful and profitable to the public, we have no doubt, could they make the important discovery, that the most effectual way to ensure health is to adopt the natural means to *preserve* it, such as by pure air, exercise, and healthy supply of food, instead of wantonly neglecting these means, and afterwards resorting to physie, that, instead of alleviating, often infixes the mischief more deeply on the constitution. Such a discovery of the public would besides improve the medical profession itself. It would” (mark this,) “render physicians, who are at present comparatively useless in *curing* disease, of the greatest importance to the public weal as *preservators* of the health of the community.”

Dr. Cowan testifies similarly; after stating that notwithstanding all the aid of old system medicines, notwithstanding all the skill and exertions of the physician, the mortality among society is still the same as ever it was, and that not-

CHAP. VII. withstanding all the experience of medical practice, people still die in just the same ratio as before,* he proceeds—

“As science in its widest sense really advances, will the specific power of drugs be less and less admitted, while the physician's claims to respect and confidence will be found to rest far more upon his practical acquaintance with, and power of adjusting, those general conditions which are adverse or favourable to health, than upon his supposed familiarity with agents *directly adapted* to the cure of disease.”

* “From the extensive comparative investigations of Mr. Watt, it seems that the deaths by various diseases are nearly identical at the same age, and that whatever the total amount of deaths by each disease may be, the proportion which the deaths, falling at certain periods of life, bear to the whole deaths of these respective diseases, remains the same.

“This interesting law proves the existence of *general influences* regulating the life and health of the community, however variously expressed by the greater or less prevalence of particular complaints, and also indicates how difficult must be the correct solution of a therapeutic problem, where agents *other than those* we are employing are so materially influencing the result. In fact, the whole philosophy of medicine can be very imperfectly apprehended by a being so limited in capacity and duration as man; and a juster estimate of the vast extent and difficulty of the inquiry would tend both to repress much hasty and presumptuous generalization, and establish a *juster* estimate of the true limits of human instrumentality.”

CHAPTER VIII.

The necessary uncertainty of the old system medicine, arising from the trying to ascertain the effects of medicine on the sick.—Haller's suggestion.—Hahnemann the first to try to ascertain the effects of medicines by experimenting on himself.—The impossibility of any satisfactory results under the old system testified to by Mill and M. Comte.—The British Association and medicine.—Hahnemann's mode of administering medicine.—The claim of Homœopathy to be scientific established.

Another source of a necessary absence of certainty in connexion with the old system practice is to be found in the fact, that the practitioners of that system have sought to ascertain the powers of medicine by trying them on the *sick*; and that, with a very few exceptions, the effects of medicines have been ascertained only in connexion with their action on persons in disease.

Haller, the profound physiologist of a previous century, pointed out that the only scientific method to ascertain the virtues of medicines, consists in ascertaining their action on the living healthy body. His words are :—"At first the remedy is to be tried on a *healthy person*, without any admixture; its smell and taste having been ascertained, a minute dose of it is to be taken, and attention is to be paid to all the affections which thence follow, what is the pulse, what the heat, what the breathing, what the excretions. Then, according to the leading of the

CHAP. VIII. phenomena, obvious in the healthy, you can pass to experiments on the sick person." *

This correct suggestion of Haller was unattended to by all medical experimentalists, Stoerck and a few other observers excepted. To attend to this suggestion required an exercise of self-denial, which none before Hahnemann had the love of science sufficiently strong to practise.

It seems strange that, among the many strong-headed men who have practised medicine, no one should have come forward to carry out Haller's suggestion; and this is the more strange, because it is to be presumed that they must have seen the almost total impossibility to ascertain the real effects of a medicine by trying it upon a machine out of order. Not more absurd could it be, in order to judge of the mechanical effects produced by a mechanical power, to put the power to a machine not in a proper state of action.

To make observations on a living healthy being is difficult, but to make them on a living diseased being is so great, that the difficulty ought to have led to the adoption of trying medicines on healthy persons.

The difficulties of making observations on the effects of remedies in disease have been vividly portrayed by one of the most correct thinkers of the age. Mill, in his *Logic*, vol. i, p. 529, remarks:—

“Let the subject of inquiry be the conditions of health and disease in the human body, or, for greater simplicity, the conditions of recovery from a given disease; and in order to limit the question still more, let it be confined, in the first instance, to this one inquiry,—Is, or is not, a particular drug, mercury, for example, a remedy for that disease? * * * When we devise an experiment to ascertain the effects of a given agent, there are certain precautions which we never, if we can help it, omit. In the first place, we introduce the agent into the midst

* “Nempe primum in corpore sano medela tentanda est, sine peregrina ulla miscela, odore et sapore ejus exploratis, exigua illius dosis ingerenda, et ad omnes, quæ inde contingunt, affectiones, quis pulsus, quæ respiratio, quænam excretiones attendendum. Inde ad ductum phenomenorum, in sano obviatorum, *transcas* ad experimenta in corpore ægroto.”—*Pharmacopœia Helvetica*, Basle 1771, in fol. p. 12.

of a set of circumstances which we have exactly ascertained. It need hardly be remarked how far this condition is from being realized in any case connected with the phenomena of life; how far we are from knowing what are all the circumstances which pre-exist in any instance in which mercury is administered to a living being. This difficulty, however, though insuperable in most cases, may not be so in all; there are sometimes (though I should think never in physiology) concurrences of many causes in which we yet know accurately what the causes are. But when we have got clear of this obstacle we encounter another still more serious. In other cases, when we intend to try an experiment, we do not reckon it enough that there be no circumstances in the case the presence of which is unknown to us; we require also that none of the circumstances which we do know of shall have effects susceptible of being confounded with those of the agent whose properties we wish to study; we take the utmost pains to exclude all causes capable of composition with the given cause; or if forced to let in any such causes, we take care to make them such that we can compute and allow for their influence, so that the effect of the given cause may, after the subduction of those other effects, be apparent as a residual phenomenon. These precautions are inapplicable to such cases as we are now considering. * * * *Anything like a scientific use of the method of experiment in these complicated cases is therefore out of the question. We can, in the most favourable cases, only discover, by a succession of trials, that a certain cause is very often followed by a certain effect."*

If such difficulties exist, as they do, in all experiments made to ascertain the virtues of medicines by using them on diseased people, it seems wonderful that medical men should have persisted in such a course of investigation. It seems wonderful that they did not recognize practically the suggestion of Haller.

An attempt has been made to confer certainty on the old system medicine, by introducing what is called the *numerical method*, in noting down the effects which have been, or may be observed to follow the administration of the medicines.

Almost the first of living mathematicians is M. Comte. He thus designates the application of this method to physiology and to medicine:—

CHAP. VIII. "Indeed, the spirit of calculation tends in our day to introduce itself into this study (physiology), especially into that part of it relating to medical questions, by a much less direct method, under a much more specious form, and with infinitely more modest pretensions. I wish to speak of that pretended application of it which is called the statistics of medicine, from which many" (Dr. Forbes and his associates) "expect wonders, and which, from its very nature, can lead only to profound and direct degradation of the medical art," (reduced by it to a blind enumeration.) "Such a method, if we may be allowed to call it by the name of method at all, cannot, in reality, be anything else than absolute empiricism, disguised under the frivolous garb of mathematics. Pushed to its extreme logical consequences, it will tend to make all rational medication radically disappear from medicine, by conducting the practitioner to make chance trials of certain therapeutic measures, for the purpose of noting down with minute precision the numerical results of their application. It is evident, on principle, that the continual variations to which all organisms are subjected, are necessarily even more pronounced in a pathological than in a normal state, as a result of which, the cases must be even less exactly similar, whence results the manifest impossibility of making a judicious comparison between two curative methods derived from data furnished by statistical tables alone, independent of some sound medical theory. No doubt some direct experimentation, restrained under proper limits, might be of great importance to medicine as well as to physiology, but it is precisely under the strict condition that it shall never be simply empirical, but that it shall always attach itself, either in its institution or in its interpretation, to an entire system of corresponding positive doctrines (*à l'ensemble systématique des doctrines positives correspondantes*). Notwithstanding the imposing aspect of the forms of exactness, it would be difficult to conceive of an opinion in therapeutics more superficial and more uncertain than that which rests solely on the easy computation of fatal and favourable cases, to say nothing of the pernicious practical consequences of such a manner of proceeding, where one could not beforehand exclude any kind of attempt.

"It is really deplorable that geometricians have sometimes

honoured with some kind of encouragement such a profoundly CHAP.VIII.
irrational aberration, by making vain and puerile efforts to determine, by their illusory theory of chances, the number of cases sufficient to make these statistical results legitimate."

The untrammelled medical observer, seeing all the facts exhibitive of uncertainty, seeing the methods of experimenting are so necessarily productive of uncertainty, seeing that the application of the exact method of experimenting applicable to other branches of science is inapplicable to medicines as practised under the old system, will be constrained to acknowledge the justness of the exhortation in reference to old-system medicine, "watch the progress of disease, but do not interfere," and to declare, as Dr. Russell has well remarked, "that all that the physician can do, is to open his wards and see fair play between nature and death."

The truth is, old system medicine has not the characteristics of science. A most unpleasant acknowledgment of this is contained in the following fact:—

At the meeting of the British Association for the *Advancement* of SCIENCE, held in 1844, a proposal was made to the Committee to *extinguish the* MEDICAL SECTION of the Association; and what is more, this proposal came from gentlemen, "to whose labours, the editor of the *Lancet* testifies, the profession owes so much;"—"that they were at the head of the movement which is attempting to banish medicine, *as a science*, from the British Association."

These gentlemen are honest; they see that the Association meet for *science*, and finding that medicine is *not* a science, (they know not homœopathy,) deem it has no business there. "They who are favourable to the change, assert, first, the present inefficiency of the medical section, and, secondly, the NON-SCIENTIFIC character of medicine."

Need it be wondered, in reference to this state of the medical section, and the non-scientific character of medicine, that when it was proposed at the Association, to cause the science of embracing the investigation of the *physical characters of nations*, or *ethnology*, to be a graft on the medical section, the ethnologists made a spirited remonstrance against being thus grafted on the medical section, which, to use the

CHAP. VIII. words of a writer in Chambers's Edinburgh Journal, "has always been felt as a *withered branch* of the Association."

The statements of M. Comte and of Mill clearly demonstrate the impossibility of deriving any satisfactory, i. e. certain results, from experiments carried on in accordance with the rules of the old system.

The query occurs whether the mode of experimenting adopted by Hahnemann will allow of certain results being obtained?

Hahnemann, with his powerful acumen, at once recognized the difficulty of performing experiments on persons diseased, and perceived not only this, but also the necessity of minute attention to the conditions under which the experiments with medicine must, in order to be scientific and consequently practically beneficial, be made upon the healthy.

Appropriately has it been inquired, where, among the whole range of the centuries during which medicine has existed, and physicians have prevailed, can a man be pointed out, who, for a period of thirty years, and being in possession of health, took medicines, observed and recorded their effects, and who, besides, had the power to persuade his wife, his sons, his daughters, and many friends to follow his example, all having the same object in view—namely, the discovery of the pure effects of medicines? Homœopathy can produce such a wonder: his name was HAHNEMANN; a man who has left behind him an imperishable memento of his genius—*six octavo volumes*, filled with the records of the effects of medicines, produced upon himself and his friends, he and they being in health at the time of administration; and from these volumes and the truths contained in them, the cures of thousands have been worked out, while every day's experience brings an addition to the multitude of those who are receiving the benefit of his labours. They bless him, and millions, yet unborn, will bless him.

To Hahnemann it is mankind are indebted for the practical application of the method by which alone the virtues of medicines can be ascertained, namely, by ascertaining their effects on healthy persons; and thus having ascertained the pure effects, applied the medicine, which has the power of producing certain phenomena, to a disease, which presents similar phenomena.

In carrying out these experiments upon the healthy, he pointed

out that the experimented upon must be in a state of good health; CHAP. VIII. that the party must be one who is not hereditarily liable to diseases; that some time before, and during the experiments, he must have adopted, and must adopt a strict regimen, avoiding all exhausting mental and bodily fatigue; that as to diet, coffee, tea, and stimulating liquors, spices, and other dietary substances, which have, besides a nutritive, a medicinal quality, should be avoided. He pointed out that persons should be selected, who have not been in the habit of using strong stimuli. He pointed out that it is necessary to try the experiments on persons of different ages and sex. He pointed out that the nature of the temperament must be taken into consideration; that the time of the day should be noted at which the symptoms developed their power most actively. In fact, he adopted every precaution by which he could ensure a successful result to his experiment, a satisfactory answer to the queries which he asked of nature; and the grand results of experiments conducted according to the method he had laid down, are to be found in his *Reine Arzneimittellehre*, and his other immortal works.

When the chemist has tried an experiment, and gives the result, how much interest is felt in the detail he gives of the numerous precautions he adopted to prevent any and every source of fallacy creeping in, so as to vitiate his *chemical* experiment! His ingenuity is held up as an example; it is admired, it is applauded. But when the homœopathic physician, in trying his *curative* experiment, labours to remove every cause of non-success, by freeing his experiment from every circumstance that may interfere with its success, his care is made a ground for sarcasm; it is asserted contemptuously, “a variety of circumstances are required to be taken into consideration, at a great sacrifice of time, and much *mock-profound* application is required from its disciples; there are a THOUSAND *niceties* to be considered, as regards even posture, and still more, functional condition.” Thus, the care which is an honour to the chemist, trying his experiment on *inanimate* matter, and consequently, as such, comparatively viewed, little liable to be modified, is a source whence insult is obtained for the homœopathic physician, trying his experiment upon a human *animate* machine, and which, as animate, is more complicated, and very liable to be modified by a

CHAP. VIII. variety of causes. His very care to realize a scientific result, is made by men, who have not science in their practice, a means of attack upon his scientific result.

Hahnemann adopted the scientific method not only in discovering the virtues of medicines, but also in the application of the medicines to the cure of disease; i. e. in the mode of ADMINISTERING medicines to the sick.

Guided in the selection of the medicine by the correspondence between the effects produced by the medicine in experiments on persons in health, its pathogenetic effects, and the symptoms of the disease in which the medicine, in obedience to the homœopathic law, was administered, he sought to realize simplicity, a feature of science, by using only *one* medicine at a time.

In fact, all the essentials necessary, according to Dr. Forbes, to the improvement of medicine, Hahnemann had practised.* This philosopher taught that every circumstance which may, in any way, tend to interfere with the operation of the one medicine, should be carefully avoided; so that, in addition to simplicity, in reference to the medicine itself, he ought to preserve that simplicity, by forbidding all external and internal interferences with its action.

Homœopathy thus stands forth as presenting a scientific character.

This view of the scientific character of Homœopathy, and the unscientific character of the old-system medicine, may be summed up thus:—

Science presents itself as the embodiment of law.

The old system of medicine has no fixed universal law.

Homœopathy has a fixed universal law—"similia similibus."

* Dr. Forbes is a shrewd man. He puts forth as his own suggestions the particulars quoted, p. 77; whereas all these suggestions he derived from the works of Hahnemann, who exposes the unsatisfactoriness of the old-system practice, on account of the prevalence of the practices to which Dr. Forbes refers. Dr. Forbes has great power of appropriation; and the best of his suggestions are repetitions of what he read in Hahnemann's writings, and he puts them forth as his own. To the question, if put to Dr. Forbes, whether these suggestions necessary to be attended to in order for the improvement of medicine, were not derived from the perusal of Hahnemann's works, it may be predicted that his answer must be an acknowledgment that they were so derived. Would it not have been honourable to have acknowledged the source?

Science produces certainty.

The uncertainty of the old system of medicine has been pointed out.

The certainty of homœopathy has been clearly demonstrated.

Science, founded upon a law, gives precision in the attempt to gain the object sought after.

Homœopathy realizes this. Let a new disease appear. The old-system practitioners try this and that, these and those, without any fixed rule. The homœopathist at once seeks out a remedy that has the power of producing phenomena similar: he applies this, and cures. Hence the steady and immediate success of the homœopathic treatment of Asiatic cholera. Where one was cured under the old-system treatment, three to four were cured under the homœopathic.

Science presents simplicity in the *mode* of using means. Homœopathy presents simplicity, both in the mode of discovering remedies, and in the mode of using them, when discovered. Homœopathy tries medicines singly on the healthy to learn their power, and having found it, exhibits these medicines singly to the sick.

Homœopathy in this particular justifies its claim to be scientific.

The want of simplicity as exhibited in the old system, both in the ascertaining the powers of remedies and in the administration of these remedies in disease, has been exhibited.

A third characteristic of science is its power to explain the phenomena having relation to it.

The Newtonian theory of gravitation is received as true, as scientific, because by it all the facts connected with the influence and the motion of bodies are most satisfactorily explained. The atomic theory is received as true, because it explains most satisfactorily the phenomena connected with chemical attraction. So with other theories.

May it not without hesitation be asked, Will not the homœopathic theory explain the facts connected with the curative action

CHAP.VIII. of medicines on diseases, better than any other theory? The want of the old system as affording, by its theories, explanations of the curative action of medicines, is evidenced in the fact of *the* explanation that is resorted to by the advocates of that system. In the *Lancet*, (vol. 1, 1844, p. 165,) is contained the following statement:—

“One of the apparently strongest arguments, brought forward by unbelievers in the powers of medicine to prove their assertions, is the *great diversity in the practice* of medical men. But this argument is merely specious, and will not bear the slightest scrutiny. It is more especially in the treatment of *inflammatory* and *febrile* diseases that this diversity exists, and in these diseases, precisely, the indication is one which may be attained by a variety of means. DEPLETION is the *indication*, and depletion may be *equally* produced by the action of local bleeding, of large blisters, of purgatives, of diuretics, or of diaphoretics: thus we find, that the physicians who, in the treatment of pneumonia, in England, rely partly on bleeding and partly on purgatives; in France, entirely on bleeding, or on the application of large blisters; in Germany, partly on bleeding and partly on critical evacuations, urinary or cutaneous;—all arrive at the same end—the depletion of their patient, though by different methods.”

DEPLETION is *depletion*, and as all practitioners deplete, all agree! The editor of a scientific medical journal declares that depletion of *blood* is virtually the same, in relation to its effects on disease, as depletion by an increased flow of *urine*, by an increased discharge of *perspirable* fluid: “Depletion may be *equally* produced,” are the words. In other words, to remove a more than usual quantity of urine, secreted from the blood, is curative, upon the same principle as the removal of a given quantity of the blood itself; and that to draw away half a pint of serous fluid, by means of a blister, is curatively the same as drawing away half a pint of the blood itself. Shade of John Hunter! “the blood is the life thereof.”

If the old system is obliged thus (in a cutting Gordian knot style) to get rid of the difficulties, connected with the phenomena produced by the use of medicines in the cure of diseases, no one need hesitate to declare, that, if the power of satisfactorily explaining phenomena is a characteristic of a scientific

theory, the absence of this power, if the views stated by the CHAP.VIII. editor of the *Lancet* are legitimate, is irresistibly evident.

But how easily applicable, and consequently how easily tested, is the homœopathie law, in reference to the explanation of the curative activity of medicines. The homœopathie law proclaims that medicines cure diseased states by the power they have of exciting in healthy persons symptoms, similar to those presented in the diseased.

The fact that thousands have been and are being cured by the application of medicines in accordance with this law, is sufficient evidence that the law gives a satisfactory explanation of the effects realized. In fact, so much is this the case, that the homœopathist can prove that the cases of decided cure, which have been effected by medicines used in the old-system practice, have been so effected, because the medicines used have happened to be (without the knowledge of the old-system practitioner) homœopathie to the maladies in which they were successful.

Taking Homœopathy into consideration, first, as presenting a means of curing disease by aiding life in its exertions—aiding it without exhausting it—aiding it in the way in which nature can be most efficiently aided: further, as presenting a simplicity in the treatment by giving the rule, that, to cure a natural disease, a medicinal disease exactly similar must be produced, the medicinal disease removing by its homœopathicity the natural disease: third, as giving the knowledge of the exact diseases that medicines do produce, ascertained by obtaining the effects on healthy persons: fourth, as giving the simplicity of using only one medicine at a time, thus enabling the practitioner to detect its real effects, and preventing the injuries resulting from administering many medicines together, that of complicating the effect, and that of establishing new diseases in the system, often a burden through life: taking Homœopathy thus into consideration, it must be allowed that Homœopathy is a noble system; that it is an addition to the healing art; that it establishes certainty where uncertainty hitherto prevailed; that it presents the quickest, the safest, the most agreeable way of curing disease; that it explains most easily the facts connected with the cure of disease; and that, on all these grounds, the rank of science is boldly claimed for Homœopathy.

CHAPTER IX.

On the injuries inflicted by the old-system medicine.—Statements from various medical authorities: Boerrhave, Stahl, Dr. Brown, Kieser, Rush, Sydenham.—Goethe's testimony.

CHAP. IX. What is true, must be beneficial; what is untrue, must be injurious.

These axioms exercise a powerful sway in every honest and well-constituted mind.

Applied to the different methods of treating disease, they must find illustrations in the injuriousness of the untrue old system, and in the beneficialness of the true homœopathic system.

A short detail of some of the injuries inflicted by the old system will form an additional illustration of the want of science belonging to that system, and will serve to establish that, in leaving it, the person leaving leaves a system pregnant with destruction.

The testimony of Boerrhave, the leading physician of his time, is thus embodied:—

“If we compare the good which a half dozen true sons of Æsculapius have accomplished since the origin of their art, with the evil the innumerable multitude of doctors of this trade have done, we shall not hesitate to conclude, that it would have been far better, if there had never been physicians in the world.”

“The celebrated Stahl attributed the frequency of consumption to the introduction of the Peruvian bark. The equally celebrated Morton considered the bark an effectual cure. Reid ascribed its frequency to the use of mercury. Brillonet asserted that it is curable only by this mineral. Rush says that con-

sumption is an inflammatory disease, and should be treated by CHAP. IX. bleeding, purging, cooling medicines, and starvation. With a greater show of reason, Salvadori maintained the disease to be one of debility, and that it should be treated by tonics, stimulating remedies, and a generous diet. Galen, among the ancients, recommended vinegar as the best preventive of consumption. Dessault, and other modern writers, assert that consumption is often brought on by a common practice of young people taking vinegar to prevent their getting fat. Dr. Beddoes recommended fox-glove as a specific in consumption. Dr. Parr, with equal confidence, declared that he found fox-glove more injurious in his practice than beneficial! Now, what are we to infer from all this? Not, as some of you might be tempted to believe, that the science is deceptive or incomprehensible throughout, but that its professors, to this very hour, have neglected to make themselves acquainted with the true principles upon which remedies act, and know as little of the true nature of the diseases whose treatment they so confidently undertake." Such are the views of a modern critic.

In *mania*, bleeding used to be most frequently resorted to. In this disease excessive power is manifested: what better, says the antipathist, than bleeding, which lessens power? What, however, is the testimony of Dr. Brown, who has had the most extensive experience in treating this disease?

"Depletion in mania has the following disadvantages:

"1st, It materially retards the recovery; 2nd, It gives a tendency to dementia; 3rd, It is sometimes directly fatal; 4th, It debilitates at a period of depression, and in no degree facilitates the operation of other remedies. That even in such patients as have been bled, but are ultimately cured, a state of imbecility approaching to fatuity separates the period of excitement from that of convalescence; dementia follows directly, and obviously great evacuations and copious blood-letting, where no symptoms of alienation pre-existed. There is a case under my care, where incurable dementia succeeded the loss of blood in pneumonia. The fatal consequences of bleeding in delirium tremens have not suggested any warning. Depletion, while the nervous system is in a state of high excitement, proves fatal in various ways: I have seen it induce convulsions, during which the

CHAP. IX. patient died. More frequently the weakness which supervenes is so great, and so little under the controul of medicine or diet, that after passing through every stage of prostration and emaciation, the patient sinks from debility or from some acute disease, or, as it were, actually worn out by the irritation of the mental disease. While writing these remarks, a copy of the Annual Report of the Northampton Asylum has been transmitted to me, in which a table, showing the causes of death, contains the corroborative item: 'Exhaustion from previous depletion, two deaths.' "

In reference to the celebrated Dr. Armstrong's treatment of scarlatina maligne, Professor Maunsel remarks: "In such prae-titionery, we know no better advice than that of the judicious Huxham, at least to peruse the sixth commandment."

Brera, a most celebrated continental physician, referring to the treatment of pneumonia, notes:—

100 cases treated without bleeding	. . .	14 only died
„ with 2 or 3 bleedings	. . .	19 „
„ with 3 to 9 bleedings	. . .	22 „
„ with more than 9 bleedings	. .	68 „

Kieser, a high authority on the continent, remarks:—

"A great many diseases are healed only by nature, and in the greatest part of acute diseases, all that the physician has to do is to remove and prevent pernicious influences, and set aside the abnormous over-action of some of the organs. When he does more, either to satisfy the patient's longing for medicine, his own dogmatic theories, or his eagerness of gain, mischief ensues. By this means, frequently, artificial diseases are produced, and, in many cases of medical treatment, we can truly assert, that chronic diseases that have followed them have been caused by the physician. In the present state of the practice of medicine, then, both in Germany and the neighbouring lands, the sick man should be warned against medicines as the most dangerous agents."

The same writer adds:—

"The history of medicine especially teaches this, for it shows that every separate, and thence one-sided theory of medicine, has required a number of victims greater than the most destructive plagues or the longest war."

With Kieser's statement, the experience of Dr. Rush agrees. CHAP. IX.
He remarks:—

“ We have not only increased the number of diseases, but we have made them more fatal. Even the principles founded on just observation are made hurtful by a wrong application of them. We are obliged to investigate errors, perhaps forty or fifty years after the time at which they prevailed, to comprehend their absurdity.”

“ Sydenham, whose acuteness of observation none can doubt, records his conviction thus:—‘ It often happens that the aspect of a disease varies according to the varying method of cure, and many symptoms are due not so much to the disease as to the physician.’ ” *

Hahnemann remarks :

“ The majority of cases for the treatment of which a physician is called, are of acute diseases, that is, aberrations from health which have only a short course to run before they terminate either in recovery or death. If the patient die, the physician follows him modestly to the grave ; if he recover, then must his natural strength have been sufficient to overcome both the force of the disease and the mischief of the drugs he took ; and the natural strength does often suffice to overcome both. In epidemic dysentery, just as many recovered of those who followed the indications afforded by nature, without taking any medicine at all, as of the others who were treated on the best principles of Brown, of Stoll, of Hoffmann, of Richter, of Vogler, of any other or by any other system. Many died, too, both of those treated by all these methods, and of those who took no medicine ; on an average, just as many of the one as of the other. And yet, all the physicians and quacks who attended those who recovered, boasted of having effected a cure by their skill. What is the inference ? Certainly not that they were all right in their mode of treatment ; but perhaps that they were all equally wrong. What presumption for each to claim, as he did, the credit of curing a disease, which in milder cases

* *Sæpe accidit ut facies morbi variet pro vario medendi processu, ac nonnulla symptomata, non tam morbo quam medico debeantur.*

CHAP. IX. uniformly recovered of itself, if gross errors in diet were not committed."

Even the writers in the periodical antipathic press often acknowledge the injuries inflicted by the treatment of those pursuing the old system. The following acknowledgement is taken from the *Lancet*, in a review of a book published by a surgeon named Brown:—

"When I read the reports of cases in the journals of the day, the blood freezes within me, so horror-struck am I at what the patients *suffer at the hands of the doctor*; and I am never astonished at finding an account of the *post mortem*, for which, I confess, I often look down to the bottom, in advance, seeing, from the first day or two's treatment, *that all is up with the patient*. That the patient, in the present case, had a narrow escape, is palpable, and it is equally so that her surviving the treatment is to be attributed entirely to a more than human constitution. But the lady recovered, and the recovery is called a *cure*, and the cure, so called, is ascribed to the treatment, though it is evident, on the face of the report, that the cure, if such it was, was effected by an *accidental* occurrence, which the treatment was calculated to prevent, and which was unlooked for and unexpected by the author, namely, the *suppurative inflammation of the sac*.

"Mr. Brown is evidently an indulgent doctor, for it seems that he allows his patients, 'at their own requests,' notwithstanding 'hot skin,' 'flushed face,' 'pulse at 120,' and so on, whatever they like in the way of beer, brandy, and wine.

"It is true, he throws in, at the same time, out of his own shop, for reasons best known to himself, a *mixtum gatherum* of a draught, every four hours, and a rattling purgative at night into the bargain, although the bowels be already distended with flatus, and the abdomen sore from the brisk operation of purgatives and other sorts of doctors' stuff. Oh, this quartâ q. q. horâ system! What in the world do these doctors think that human bowels are made of? *The thickest leather breeches that ever a huntsman put on, if made into bowels for the patients of some of these doctors, could not hold out against the batteries of stuff*, as killing as grape-shot, which our blue-bottle doctors discharge at their patients."

Even poets have seen the folly of the old-system drugs. CHAP. IX.
Goethe testifies to the injuries resulting from drugs :—

Thus with our hellish drugs, Death's ceaseless fountains
In these bright vales, o'er these green mountains,
Worse than the very plague we raged :
I have myself to thousands poison given,
And hear their murderer praised as blest by Heaven,
Because with Nature strife he waged.

Goethe's *Faust*.

A few special illustrations of the injuries, resulting from the old-system practice, may be given.

A case where the ulceration of the mucous membrane of the internal passage, and one where the symptoms of phthisis were produced by the use of iodine, are recorded by Mr. Rawson, of Keyworth, in the *Lancet*.*

A case is recorded in the same volume,† in which death was caused from the use of colchicum.

The following statement exhibits blindness and death from the use of a violent purgative :—

“In the spring prior to his [Professor Davis's] decease, an attack of TOTAL BLINDNESS, which lasted about five minutes, supervened during a *violent vomiting, induced unintentionally* by a purgative. This left behind double vision, in certain positions of objects only, which continued for about six weeks. He showed symptoms of rapid failure of health during the ensuing summer ; he nevertheless, until the last month of his summer course, continued to throw the same interest into his lectures, and to address his class apparently with the same spirit as heretofore. He recovered in some degree his strength and energies by a brief residence at the sea-side, sufficiently to induce him, on the October following, to re-commence his duties, which it was now destined he should enter upon for the last time.”

Only a few days since, the writer was sent for into Essex, to see a patient dangerously ill. The patient had been confined about a fortnight. She was going on very well in every respect. The surgeon accoucheur, who had attended her in her confinement, called to see her, and observed that “she

* *Lancet*, vol. II. (1842-3), p. 444, published in the Appendix.

† *Lancet*, vol. II. (1842-3), p. 500 ; see Appendix.

CHAP. IX. was going on too well." He sent her some powders of calomel: the two first acted so violently that he was obliged to be sent for, the patient being apparently sinking. He asked with anxiety whether the nurse had given the third dose. She replied she had not, as she thought the patient would have died from what she had already taken. This patient, who had a tendency to ovarian disease, had the disease excited by this action of the calomel, and from the excessive exhaustion, she passed into a typhoid fever, complicated with ovarian and abdominal disease, and died the day after she was seen by the writer.

No doubt exists that this patient, not thirty years old, was killed by this purging.

What medicine is more extensively used than quinine, and what medicine produces more diseases.

Dr. Heming relates a case of dumbness produced by its use.* Dr. Menage relates a case† where the same effect was produced; and M. Bertin published a similar case in 1839.

A circumstance transpired about three years since, which exhibits the immense amount of injury that old-system medicine has inflicted on society.

M. Louis, a continental physician, published a work on phthisis some years since. This work, deemed highly valuable, was translated by Dr. Cowan, and through his agency presented to the notice of the profession in this country.

M. Louis published, in 1844-5, a *second* edition of his work, which Dr. Walshe translated and published, making in this no reference to Dr. Cowan's translation. Of this Dr. Cowan complained. Dr. Walshe defended himself thus:—

"The first and second editions of the original treatise *differ* from each other so WIDELY as to constitute ALMOST WHOLLY *distinct works*. In truth, not only does M. Louis himself say, in briefly recapitulating the changes and additions he has introduced in his last edition, 'thus my first researches are *more than doubled in extent*, (Advertisement, p. xiv.,) but the doctrines professed in regard of those most important subjects, Curability and Treatment, are ALMOST DIAMETRICALLY OPPOSED in the two volumes.'"—What injuries must have been inflicted by those who followed M. Louis's first directions.

* *Lancet*, vol. II. (1839-40), p. 306.

† *Lancet*, vol. I. (1838), p. 281.

CHAPTER X.

Infinitesimal quantities of medicine.—How Hahnemann was led to discover them.—Propositions demonstrated, That bodies act in infinitesimal quantities; That medicines act in infinitesimal quantities.—Illustrations of infinitesimal action in the animal, the vegetable, and the mineral kingdom.—Actinic chemistry.—Leibig.

Society is indebted to Hahnemann for the discovery not only of the homœopathie law, but also of the peculiar *mode* by which that law is, in the treatment of disease, put into operation. This mode is that, in which medicines, homœopathically administered, are exhibited in doses so small, as to have obtained the name of *infinitesimal*. CHAP. X.

Many are apt to consider this mode of administration as the result of some peculiar visionary view of Hahnemann. Instead of this the adoption of this mode was the result of pure experience. The following history given by Dr. Hering demonstrates this:—

“Hahnemann had observed that children, who had been poisoned by the berries of belladonna, (an accident of frequent occurrence in Germany), were frequently attacked by an eruption of the skin resembling that of scarlet fever. Applying these facts in accordance with the homœopathie law, Hahnemann found that the same belladonna, when given as a remedy in the scarlet fever cured the fever, and likewise afforded protection to healthy children against the attacks of this disease.

CHAP. X.

“ In the cases in which he used this remedy to cure the scarlet fever, Hahnemann gave it in very minute doses, according to the prevailing views, viz., in the one-eighth, one-tenth, and one-twentieth of a grain of the extract, or a single drop of the juice. The result was salutary in many cases, but not unfrequently instead of the cure, he observed an aggravation of all the symptoms of the complaint. This was what might naturally be expected: indeed, it seems almost self-evident, that the remedy, which in the healthy subject was capable of producing something similar to this disease, must, when administered to patients who were affected in a manner so entirely analogous, in whom it operated more especially upon the diseased organs, and so entirely similar to the disease, necessarily increase the latter, even if the patient were endowed with but a moderate degree of sensibility. To this augmentation of symptoms, however, there commonly succeeded a rapid crisis and perfect recovery; yet sometimes it proved so troublesome, as to call for the employment of antidotes. This almost constant aggravation of the disease, by the remedies which were chosen according to the new law, threatened to embarrass very much their trial, if not to render it wholly impracticable. To avoid these disagreeable results, Hahnemann adopted the most simple and natural expedient, viz., that of lessening the dose. He united one grain of the extract of belladonna with a hundred drops of the spirits of wine. Of this mixture, one drop (which of course contained one-hundredth part of a grain), he afterwards gave, in the suitable cases, for a dose. But to his astonishment he observed that *this drop acted too forcibly*. He now made the great stride which none had done previously to him; he took a hundred drops of spirits of wine, added to them one drop, which contained one-hundredth of a grain of the medicine, shook them together, and, now had in every drop of the new mixture, therefore, the one ten-thousandth part of a grain. If the one-one hundredth of a grain was quite an unusual dose, Hahnemann went far beyond the limits of previous experience in his second operation, viz., that of administering the dose in the one-ten thousandth part of a grain. When he gave one drop of this second preparation in a case adapted to the remedy, he expected a very slight and inconsiderable effect. In the great

majority of cases, indeed, a more rapid cure followed it than in the case of the preceding preparation, but to his great astonishment, much more frequently—the same impetuous aggravation of symptoms. In short, it was not to be mistaken: the virtue of the medicine had by no means been taken away in these high dilutions. How striking soever this phenomenon was in itself, and however wonderful and strange it must have appeared to Hahnemann, it had nevertheless, been indisputably the result of his manipulations; and as a quiet observer of nature, he proceeded, hand in hand with experience, still further. He added one drop of his second (the ten thousandth) dilution, to another one hundred drops of spirits of wine, shook them together, and thus procured a *third* mixture, in which each drop contained but the millionth part of the first grain of the extract of belladonna. On administering this new preparation to his patients, he did not yet witness the desired and expected decrease of medicinal energy, the remedy remained as active as before, and in sensible children it operated frequently in quite as drastic a manner as the extract had at first; nay, it appeared as if it operated with even greater violence than before—and therefore rendered necessary the exhibition of an antidote. Hahnemann, who knew that the secrets of nature had not yet been fully unveiled to us, and that any thing new and important, though ever so striking, *if its truth be attested by repeated experiment*, ought to be investigated, continued to prosecute this great discovery. He added one drop of each successive dilution to a successive portion of one hundred drops of spirits of wine, and united them by shaking. He perceived in the progress of these manipulations, that every successive dilution was still operative, and though attenuated a hundred fold at every step of the process, yet by no means did it become in the same proportion a hundred fold less efficient; in fact, each dilution differed in activity, very little from the dilution immediately preceding. He continued, therefore, these processes with the medicine, until experience taught him, that it had, at length, become entirely mild in its operation. The troublesome increase of the morbid symptoms became gradually less and less considerable by dilution, nevertheless the succeeding salutary effect remained equally decided, and even the extreme dilutions themselves, were always sufficient to effect a cure.

CHAP. X. Remarking even from the thirtieth dilution, in very sensible subjects, an increase of the symptoms, he diminished the dose from one drop of this dilution, to a small portion of a drop. He discovered a mode by which a drop could be accurately divided into any desired number of parts, and from the one-hundredth, and even a smaller fraction, decided effects were witnessed from the medicine.

The results from medicines, thus exhibited in infinitesimal doses, have thus become matters of experience ; as such they can, ought to be, and must be tested.

In fact, though the law, regulating the action of remedies, is quite distinct from the *dose*, in which the application of the law is carried out, yet so extensively has Hahnemann and his disciples established the efficacy of all homœopathic remedies in infinitesimal doses, that all skilled homœopaths are quite willing to recognize as fundamental both the law and the infinitesimal doses. In fact these form a dualized truth.

It is willingly granted that the infinitesimal doses form the great antagonistic power against the reception of Homœopathy : it is willingly granted, that if homœopaths could administer their medicines in accordance to the homœopathic law, in doses commonly given, homœopathy would make, it is likely, a much more rapid progress. But no honourable mind will ever consent to bow to prejudice in such a matter as this, when he knows that such bowing may be attended with injury to the patient, and will be refusing the homage due to truth. The true disciple of Hahnemann adheres to infinitesimal doses ; and though he is not at liberty to bow his mind to the prejudice against these doses, he feels it a pleasant duty to strive to make others bow to the truth, by establishing the rationality of the asserted efficacy of these doses.

The best step to establish this will be to demonstrate that the efficacy of infinitesimal quantities is a scientific truth ; and the demonstration of this will be received if it can be proved, first, that bodies act in general in infinitesimal quantities ; and second, that medicines act in infinitesimal quantities.

The first proposition, THAT BODIES IN GENERAL ACT IN INFINITESIMAL QUANTITIES, can be demonstrated even in reference to masses of matter.

A poet, in describing affection, inquires—

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Hast thou not seen two drops of dew
The rose and velvet leaf adorn ;
How stronger their attraction grew,
As nearer to each other borne ?

And he adds—

The very law that moulds a tear,
And bids it trickle from its source,
That law preserves the earth a sphere,
And guide the planets in their course.

He thus recognizes in the language of poetic beauty that the law which influences masses is the same law which influences minute particles.

Indeed, it is a truth that the mass of rock is a mass not because of any power in the rock as a mass, but on account of the innumerable attractions between the infinitesimal particles of which the mass is composed.

It is not wonderful that the vulgar should doubt the action and the power of infinitesimal quantities, but that writers, who profess to be scientific, should exhibit wonder thereat, is exhibitive of the to-be-lamented fact, that many profess to be the votaries of science, who have never paid the requisite dues at her shrine.

A modern writer has well remarked—

“ It is extremely probable, from certain chemical facts, that all bodies are composed of elementary parts, which are indivisible and unalterable ; these are called *atoms*. Nothing is known of their absolute size, except that it cannot possibly exceed certain magnitudes which we may calculate, but of whose extreme minuteness we can form no adequate idea. For example, we have just seen (referring to an experiment of Newton), that a film of soapy water will, if carefully protected from all disturbance, hold together until it has been reduced by draining to the thickness of less than a 2,600,000th of an inch. Pure water will not hold together in this way ; but the admixture of less than the hundredth of its bulk of soap will confer this property on the whole of the water. Now, in order to produce this effect, it is evident that there must be a portion of soap (at least *one* atom), in every cubic 2,600,000th of an inch of the solution. But the

CHAP. X. soap, when dry, occupies less than a hundredth of the bulk of the solution. Therefore, a single atom of soap, in the solid state, cannot possibly occupy so much as the hundredth of a cubic, 2,600,000th of an inch; that is, not so much as a 1757 trillionth (1,757,600,000,000,000,000,000th) of a cubic inch.

“ Dr. Thomson has shown that a portion of lead may be rendered *visible*, the bulk of which cannot exceed the 888,492,000,000,000th of a cubic inch. He dissolved one grain of dry nitrate of lead in 500,000 grains of water, and after having agitated the solution, passed through it a current of sulphuretted hydrogen gas. The whole liquid became sensibly discoloured. Now we may consider a drop of water to weigh about a grain, and a drop may be easily spread out so as to cover a square inch of surface. Under an ordinary microscope the millionth part of a square inch may be distinguished by the eye. The water, therefore, could be divided into 500,000,000,000 parts, every one of which contained some lead united to sulphur. But the lead in a grain of nitrate of lead weighs only 0.62 of a grain. It is obvious, therefore, that an atom of lead cannot weigh more than 1-510,000,000,000th of a grain, while the atom of sulphur (for the lead was in combination with sulphur, which rendered it visible) cannot weigh more than 1-2015,000,000,000th of a grain.

“ The size of those very minute quantities of matter can also be computed. Thus the bulk of the portion of lead rendered visible by the above process is only 1-888,492,000,000,000th of a cubic inch.

“ There are many interesting examples in the useful arts of the minute subdivision of matter. Gold leaf is the 290,636th of an inch in thickness, and it would require at least 1500 such leaves placed upon one another to equal the thickness of the paper upon which this book is printed. It is easy to trace the process by which this extraordinary tenuity is arrived at. For example: an ounce of gold is equal in bulk to a cube, each of whose edges measures 5-12ths of an inch, so that placed upon the table it would cover little more than the sixth of a square inch of its surface, and stand 5-12ths of an inch in height. The gold beater hammers out this cube of gold until it covers 146 square feet. Now, it can easily be calculated that to be thus extended

from a surface of 5-12ths of an inch square, to one of 146 square feet, its thickness must be reduced from 5-12ths of an inch to the 290,636th part of an inch.

“ But gold furnishes a still more remarkable instance of the extension and consequent divisibility of matter. The gilt wire used in embroidery is formed by extending gold over a surface of silver. A silver rod, about two feet long and an inch and a half in diameter, weighing nearly twenty pounds, is coated with about 800 grains of pure gold. This rod is then drawn through a series of holes, gradually diminishing, until it is stretched to the length of 240 miles, whereby the gold has become attenuated 800 times, each grain being capable of covering a surface of 9600 square inches. This wire is now flattened, the golden film suffering a farther extension, and having its thickness reduced to the four or five millionth part of an inch.

“ One hundred yards of raw silk weigh less than a grain, and a 3000th of a yard, or a 300,000th of a grain, can be handled and examined with the naked eye. The thread spun by the common spider is much finer than that of the silkworm, and there are spiders 1000 of which would not make up the bulk of a common spider. Their threads are invisible except when reflecting the direct solar light, and yet it is found by the microscope that every spider has about 4000 spinnerets, each producing a separate thread, all of which are united into one bundle, to form what we call a gossamer thread.”

Chemists perpetually are using for practical purposes the phrase *atom*: a word which means indivisible, a (*a*) *not* and *τεμνομαι* (*temnomai*) *to be cut*. The use of the term implies the recognition of the fact, that there are particles between which action takes place so infinitesimally small that they cannot be further divided. No one has ever seen these atoms; but no one, acquainted with the facts on which the atomic theory is founded, disputes their existence. So well established, indeed, is the existence of these atoms, and so regular are their actions, as to admit of being expressed under the form of “ laws of chemical attraction.”

Liebig is, therefore, merely asserting a truth recognized for years, when he declares:—“ It is indispensably necessary to the manifestation of chemical affinity, that the *atoms* of sub-

CHAP. X. stances should be in immediate contact with each other, or at IMMEASURABLY small distances."

In fact, chemical action is favoured always by separating the particles of which bodies are composed: hence the old chemical axiom, "*corpora non agunt nisi soluta*," "bodies do not act unless dissolved;" in other words, when a body is dissolved, that is, when its particles are separated to the degree of fineness and minuteness so as to be no longer visible, actions take place, which do not when the body is in a less degree of infinitesimality.

How infinitesimally small is a particle of light, and yet those particles produce chemical effects: an infinitesimal quantity of sun light, namely a ray, "we cleave asunder into rays, which, without any power of illumination, produce the most important alterations and decompositions in organic nature."

A distinct branch of chemistry, relating to the action of *imponderable* bodies, has been founded. Herschel has designated this branch of chemistry that treats of light, a thing in infinitesimal quantities, by the title of "*Aetino-Chemistry*;" one of the doctrines of this chemistry is, that *a sun-beam cannot fall upon a body, without producing a molecular or chemical change*.

The daguerrotype, in which light is the portrait-maker, presents an illustration of action in infinitesimal quantities.

But this action between infinitesimal quantities is not confined to the objects of the mineral kingdom: the vegetable kingdom affords striking illustrations of the truth of the proposition, That bodies in general act in infinitesimal quantities.

In the vegetable kingdom the preservation of the various individuals is insured through the medium of *seeds*. It has been found by the experiments and the observations of Linnæus, that a seed, in order to produce a plant, like that on which it was produced, must have imparted to it a *peculiar life power*, or vital principle: it has been established that the agent, which imparts this peculiar life power, this vital principle, is a particularly fine *dust*, formed on a part of the flower distinct from that, in which the seeds are formed. Thus a flower presents in the centre little thread-like bodies, at the end of each one of which

is a little body, like a chest, called an *anther*. In this anther is a fine *dust*, named *pollen*, which dust is the *vivifying* agent in reference to the seeds. In the centre of the flower is another body, called the *pistil*, at the inferior part of which is a little chest, called the *germ*, containing the seeds : above this germ, and, as it were, growing out of it, is a stalk, called the *style*, and at the top of this style is a body, generally divided, or cleft, called the *stigma*. Now, in order that the seeds in the germ may become capable of producing, when placed in the earth, another plant, it is essential, that the *influence* of the pollen should be conveyed to the seeds ; the phrase “influence” is used, because, though in *some* plants the passage from the stigma down the style into the germ is recognizable, in *many* plants the passage is not detectable, and therefore the particles of pollen, though exceedingly small, can hardly be supposed to penetrate to the seeds in the germ. The *influence*, however, must : and this influence is such, that the seeds, which, without this, would not produce perfect plants, will, if thus influenced, be capable of producing perfect plants. Here, then, an exceedingly small vegetable substance is demonstrated to impart even *life* to the seeds in the germ. To show the excessive minuteness of some of these life-giving bodies, I have counted in a single specimen of the *reticularia maxima*, ten millions of small seeds, or sporules.

The dust of the lycopodium, or puff-ball, appears under the microscope of an orange colour, perfectly rounded, and not exceeding the fiftieth part of a hair’s breadth in diameter ; so that if a globe of any substance were taken, having the diameter of a hair, it would be 125,000 times as great as the seed of the lycopodium.

The appearance of *mushrooms* has astonished many. Many think them *spontaneous* productions, whereas they are the products of vivified mushroom seeds, thousands of which float about in the air, and are invisible to the naked eye.

Another well known phenomenon is the *mouldiness* in cheese. Mouldiness is nothing but the growth of minute *fungi*, or plants of the same family as the mushrooms. These are deposited in the cheese in its fresh state : they take root and vegetate.

In connexion with this action of bodies in infinitesimal quantities, the fact that the presence of infinitesimally small quanti-

CHAP. X. ties of *another substance* will often prevent actions taking place, which otherwise would take place, is worthy of remark. The presence of a portion of *Russian leather* in a room will often prevent mouldiness, either by destroying the fungi or by *preventing the condition*, necessary to vegetation taking place in the body in which the fungi would grow.

Yeast is a striking illustration of action in infinitesimal quantities. Chambers asserts the following:—

“Zoologists tell us, when speaking of animalcules, that not a drop of stagnant water, not a speck of vegetable or animal tissue, but has its own appropriate inhabitants. The same may be remarked of plants; for we cannot point to a speck of surface, unless chilled by everlasting cold, or parched by continuous drought, that has not its own peculiar vegetation. The spores or seeds of these minute parasites are almost infinitesimally small: they are floating above and around us, unpereceived by the naked eye, ready to fall and germinate wherever fitting conditions are presented. Nay, as certain changes in animal tissue are ascribed to animalcules, so have certain changes in organized substances, such as fermentation, been ascribed to vegetable growth. Yeast, according to this view, is a true vegetable, consisting of minute organized cells or spherules, which propagate with amazing rapidity so long as they find their proper nutriment in the fermenting liquid. Nor is there any thing more incredible in the fact, that the little globular yeast plant should extract its nutriment from the fluid on which it floats, than that the water-flannel should extract its starch or lime from the water which it covers.”

Thus does the vegetable kingdom afford its testimonies affirmative of this, that actions can take place between the minutest particles of bodies.

The animal kingdom adds its illustrations to the action of bodies in infinitesimal quantities.

Liebig remarks:—“We are acquainted with animals possessing teeth, and organs of motion and digestion, *which are wholly invisible to the naked eye*. Other animals exist, which, if measurable, would be found many thousands of times smaller, which, nevertheless, possess the same apparatus. These creatures, in

the same manner as the larger animals, take nourishment, and are propagated by means of ova which must, consequently, be again many hundreds of times smaller than their own bodies. It is only because our *organs of vision are imperfect that we do not perceive creatures a million times, even, smaller than these.*"

Tomlinson remarks:—"In the organic kingdoms the microscope has proved the existence of animals so minute, that a million of them does not exceed the bulk of a grain of sand, and yet each of these creatures is composed of organs of nutrition and locomotion, as in the larger animals."

"Spallanzani having collected, on the point of a camel's hair pencil, a particle of the fecundating fluid of a frog, succeeded in vivifying thousands of eggs. Surprised at this result, he dissolved three grains of the secretion in a pound of water, and one drop of the solution he found endowed with the same property of giving life. In this case the globule of water contained only a small fraction of a grain. This curious experiment has been tried with a similar result by Prevost and Dumas.

"In other experiments he found, that fecundation took place if a fraction, smaller than the two millionth part of the male sperm, was applied to the ovum by means of a fine needle."*

To these facts, demonstrative of the proposition that bodies act in infinitesimal quantities, may be added some additional facts in relation to the action of bodies on the senses.

What, it may be asked, is the size of the particles that constitute the scent of the rose, or the peculiar odour of the sweet-scented violet?

It is a fact that a grain of musk will scent all the articles of clothing placed in a drawer during the period of a year, and, when weighed at the end of the year, the quantity that remains will be a grain. How infinitesimally small must these particles of musk be, since, though diffusing the scent of musk through an immense quantity of garments, the quantity by weight that remains is the same; and yet these infinitesimal quantities must have occupied a space, otherwise they could not have acted on the membrane of the nose, by the nerve spreading through which they are recognized.

* Quoted from Millingen's *Curiosities of Medical Literature*.

CHAP. X.

It is asserted to be a fact, that the smell of the cinnamon groves at Ceylon can be detected twelve to fourteen miles seaward, when the wind blows in that direction. These particles, thus diffused, must be inconceivably small.

It is asserted by naturalists that the camel can smell water several miles off.

Can any disbeliever in the influence of infinitesimal particles of medicine tell the size of the particles by which a dog, blindfolded, seeks his way to his master? Sir Humphrey Davy asserts, "Every lane, field, or town, has its peculiar smell."

Fancy the swift and hard-footed gazelle, bounding along the plain, leaving behind her particles of her scent, by which the trained dog can pursue her: will the disbeliever in the effects of the infinitesimal particles declare the size of the particles left on the ground from the hardened, elastic hoof of this light-footed bounder over the plain?

Again, behold the phenomena of *galvanism* and *magnetism*; what inconceivable minuteness must the particles, whether galvanic or magnetic, have? Can any one show a particle? And yet their effects, when collected, are almost all-powerful: but conceive the innumerable particles of galvanic power, arising from the discharge of a large galvanic battery: separate one from the other, and they are separate, for they were separate in their origin, and when separated, however infinitesimally small, yet each one is a galvanic or a magnetic particle, and each one has an action on the human frame.

How infinitesimally small are the face particles, that form the arrangement of the face into the *smile*, and those that form the opposite arrangement into the *sadness of features*, and yet these infinitesimally small particle arrangements of the visage produce each their effect on the mind of the beholder.

Taking all these facts into consideration, it is believed that sufficient evidence has been brought forward to demonstrate that bodies may act in minutely infinitesimal quantities on each other, and that these particles, though in their separate states not visible, are discoverable in the effects produced by their action.

CHAPTER XI.

Proposition, That medicines act in infinitesimal quantities.—

Analogies. — Invisible morbid agents produce disease.—

Conditions necessary to the action of infinitesimal quantities ; the development of virtues by preparation, and the increased susceptibility to impression in disease.—Process

by which medicines are prepared for Homœopathic use.—

The ignorance manifested in the bravery of the allopathic boasters.

The proposition, That bodies in general act in infinitesimal quantities forms an appropriate introduction to the demonstration of the second proposition, That MEDICINES ACT IN INFINITESIMAL QUANTITIES. CHAP. XI.

Analogy gives its support to this proposition, in the facts which demonstrate the action of infinitesimal quantities (if they can be so named) of morbid agents in producing disease.

Look at that man : see how his teeth chatter : feel his skin, how cold it is : how rough it is from its contraction from his chilliness : see how he craves for warm drink, and how he draws to the fire : watch him, and in two hours or more, see him burn with fever : his head bursting with pain : his breathing hurried : irritable in his temper : parched with thirst : restless, perhaps delirious : still watch him ; in a few hours he is seen covered with sweat. What has caused all this ? He has breathed an invisible something, a marsh vapour : he has the ague.

CHAP. XI. Look at that person : he feels pressure at pit of stomach : he is sick : his head is afflicted with a heavy pressure : his tongue is coated : he is prostrate with weakness : fever burns him : his symptoms become more and more grave : his family surround him with anxiety : little elevations appear on his skin : his head is relieved somewhat : the elevations become filled with pus : he has the small pox.

What caused all these symptoms ? An invisible miasmatic poison.

What again is the size of the portion of vaccine fluid that permeates the constitution, and protects it from the influence of small pox : which realizes in fact, what the poet predicted in fancy, when he represented the invulnerability gained by Achilles by being dipt in the river Styx, the vaccine coat of mail. How infinitesimally small must be the web of which it is composed.

Look at that unfortunate being, see him vomiting and purging incessantly : hear his plaintive cries from the cramps in his limbs and bowels : hear his demands for cold water : see him striving to grasp the drinking vessel to swallow large draughts : see him rejecting it as soon as swallowed : behold his countenance, his skin and his nails turn blue : feel his tongue, it is cold : touch his hands, they are covered with a sweat that strikes cold.

What causes all this horrid spectacle ? this Asiatic cholera ? What but some infinitesimal modification of atmosphere acting upon the nervous system, which seeks deliverance through its action on the mucous membrane of the intestines.

But to leave physical influences and to pass to moral influences.

What is the size of the particles of vexation that can give a man an attack of jaundice ?

What was the size of the particles of joy that killed the father who heard that the son was a victor in the Olympic games ?

What was the size of the particles of fright that turned the hair of the boy, who was taking the nest of the eagle and in defending himself with his sabre almost cut the rope in two, to a white colour in a few minutes ?

What was the size of the particles of grief, which turned the

hair to a white,* of the parent who heard of the death, by small CHAP. XI.
pox, of his lovely daughter, his only support, who left her home
(in perfect health and beauty) to visit her friends.

The discovery, by Hahnemann, of the fact of the action of medicines in infinitesimal quantities, has been detailed in a preceding chapter, in connexion with the use of belladonna in scarlet fever: the statement there made ought to be received by every one as a matter of experience, (since it is capable of being tested,) as a fact, and, as such, affording a demonstration of the action of medicines in infinitesimal quantities.

This, added to the probability of such action, deduced from the analogy in relation to the action of morbid agents, in infinitesimal quantities, in inducing disease, might, it is presumed, be deemed as affording evidence quite sufficient of the proposition under consideration.

It seems, however, necessary, in the present state of opinion in reference to homœopathy, to enter into some additional considerations.

Two conditions exist in connexion with the use of medicines in accordance with the homœopathic law, which render the medicinal action of infinitesimal quantities of medicines curatively powerful: the first condition is, that the *latent* virtues of the medicines should be, and are *developed* by THE PROCESSES OF PREPARATION, to which they are subjected for homœopathic use; and the second is, that the *susceptibility to impression* of the system *diseased* is *intensely augmented* in relation to the medicinal agent in homœopathic relationship to it.

* The case referred to made an indelible impression on the author in his boyhood. A beautiful young lady, only eighteen, but of the highest accomplishments, being, at this age, able, by educating young ladies, to keep her father, (who had been a wealthy city merchant,) went, in the holidays, to visit a friend of the writer at Seven Oaks, in Kent. While on this visit, she was seized with small pox; she was so very ill, that she was, for the safety of others, obliged to be removed to the house for such persons in Seven Oaks, and she there died, and was rendered so loathsome by the change in her features and the whole state of her body, that her friends were glad to have her stitched up in the sheet on which she died, and have her conveyed from sight. Her father was informed of her death, and the night he heard of her death and the destruction of all his hopes, his hair turned white.

CHAP. XI. In reference to the first condition, The development of medicinal virtues by the process of preparation to which the medicine is subjected, the following facts will be sufficient to convey the necessary information.

The homœopathist takes a *grain* of solid bodies, or a drop of liquids, (when liquids are prepared by trituration), adds to it thirty-three grains of sugar of milk in an unvarnished porcelain mortar, and after mixing together for about a minute with a horn or bone spatula, rubs the two for six minutes. During four minutes he collects the parts from the sides of the mortar and of the pestle ; and then, for six minutes rubs afresh. Four minutes are again occupied by collecting together the parts of the powder, and then thirty-three more grains of sugar of milk are added ; the same process is pursued as with the first thirty-three grains ; the third thirty-three grains are then added, and the same processes are repeated. The whole powder is thus collected, put into a bottle, on which is marked I, indicating that the substance contained is at the hundredth degree of power.

A grain then of this hundredth part of a grain of powder is taken, and this is triturated with ninety-nine more grains of sugar of milk, added at the three distinct triturations as at the first. The powder, thus formed, is marked II, and is at the 10,000th degree of power. A grain of this is taken and rubbed with ninety-nine more grains of sugar of milk, according to the method already named. The powder thus prepared has the medicine of the 1,000,000th attenuation. In thus bringing the powder to this attenuation, or the liquid, when prepared by friction with sugar of milk, to this dilution, three hours are occupied. It is marked III.

As the medicines are best given in solution, it is usual to take one grain of the powder at the millionth attenuation, and dissolve it in one hundred drops of alcohol and water, fifty drops of each. This solution is the 100,000,000th part of a grain. One drop of this is added to ninety-nine drops of alcohol and water, and the bottle is shaken twice. This is the 10,000 millionth part of a grain. One drop of this solution is then added to ninety-nine drops of alcohol and water, and this is the billionth part of a grain.

In this way the solutions are carried to the decillionth part of

a grain or drop. When these solutions are to be brought into use, it is the usual custom to moisten with them little globules of sugar; these absorb the liquor, and become impregnated therewith. These globules, thus impregnated, are those sold in homœopathic medicine chests.*

By these processes the medicines are brought into an infinitesimal state of division, and their virtues are developed. That this is the case is evidenced in the facts, demonstrated by experience, that bodies, in themselves apparently inert, become the most powerful remedial agents, when prepared by the processes described. *Flintstone*, *charcoal*, *oyster-shell*, afford some of the most valuable remedial agents possessed by homœopathists. It is asserted, as a matter of experience,† that many most severe skin diseases are curable by flintstone homœopathically prepared (*silicea*); that some kinds of fever are removable by charcoal homœopathically prepared (*carbo vegetabilis et animalis*); and further, that certain kinds of pulmonary consumption are curable by oyster-shell homœopathically prepared (*calcareæ*).

Should the ingenuous find any difficulty in the recognition of this doctrine of development, such difficulty will be removed, if he call to mind the well-established fact of the disengagement of heat from coal during combustion. The heat, or rather the caloric, was *latent*, or lying hid in the coal, till developed by its new condition; and one who, because a coal feels cold, denies that it contains heat, would not be more foolish than he who denies the development of new powers by the new condition, in which a medicine is placed by preparation, because he does not see any thing in the medicine, which would lead him to expect these powers.

It may be difficult to explain how this attenuation, this trituration develop new powers, but of the fact there is no doubt. All know, that friction develops powers, previously latent. Look at caloric developed by friction; look at electricity developed by friction; why should not the medicinal powers, dormant in an agent, be developed by friction?

* Medicines thus prepared, under my directions, can be obtained of Mr. JAMES EPPS, Homœopathic Chemist, No. 112, Great Russell Street, Bloomsbury.

† See Appendix, article "Of the Extent of Homœopathy."

CHAP. XI. Every one is aware of the facts, that if eau de Cologne is rubbed on the hand, it gives out a scent much more intense than that given out without such friction. If a leaf of geranium is squeezed, it gives out a scent excessively strong.

The probability of the action of infinitesimal quantities of medicine in curing disease, will become more apparent when the fact is remembered, that, in disease, the *susceptibility to the impression of SPECIFIC influences is augmented*.

Of this point, namely, the augmented susceptibility to impression under disease, some illustrations may be useful. It is established in nature, that, in certain conditions, individual subjects are capable of receiving impressions, or being impressed by influences, which, in other conditions, have no influence upon them.

It is established also, that certain individuals are susceptible to some impressions, and not to others.

The susceptibility to impression state, may be called the *receptivity* of the individual.

The receptivity may be illustrated by referring to vegetable existence.

The pollen, already described, is the fecundating, the life-giving principle, to the seed. Now, suppose some pollen produced by placing a plant in a hot-house, and making it come to perfection a week before the natural period of its perfection: and to another plant of the same kind, growing in the garden, which has just opened its flower, when the one in the hot-house has advanced so far as to have perfected its pollen, some of the perfected pollen is applied to the stigma, no effect is produced: no seed is vivified: but if the pollen is preserved for a week or so, until the flower in the garden is perfected, the stigma, being then susceptible to impression, would receive the influence, and communicate it to the seed, and the seed would be perfected.

In other words, till the flower has attained a certain susceptibility to be impressed, the pollen is not, though properly effective in itself, effective on the seed; but directly the amount of receptivity necessary to render the impression effectual is brought about in the progress of the plant towards its perfection, then the pollen becomes effective.

As an illustrative evidence of the development of this receptivity, is the fact, that the stigma undergoes changes in its form at this period.

Now if this peculiar receptivity exists in reference to the vegetable existence, why should it not exist in reference to the influence of medicines on diseases? As it is manifested in the vegetable in connexion with infinitesimal quantities of pollen, why should it not be exhibited in the medicine in infinitesimal quantities, in relation to the disease?

The same receptivity is exhibited in reference to mental matters.

Does not analogy favour, even demonstrate, the view, that to realize any impression vividly, there must be a state adapted?

Are the truths of religion felt equally strong at all periods? Are the charms of music equally powerful and captivating at all times? Does poetry always please?

Such receptivity does exist in diseases. Hahnemann teaches and homœopaths believe, that, in disease, the receptivity of the system is so augmented, that it is susceptible to impressions, which, in common conditions, namely, healthy, it is not.

Does not every one know, that when the eye is diseased, the otherwise welcome light of day is shunned with the greatest dread? Does not every one know, that when the tongue is ulcerated, the salt which savours food is excluded with the utmost care from the mouth? When one is afflicted with headache, do not the sounds of one's children—sounds most delightful at other times, become a source of strong irritation.

With what pleasure does the strong muscular man delight to use his muscles, but when rheumatism has affected the muscular tissue, how every movement is dreaded; in fact, the approach of any to the affected limb is viewed with horror.

Behold that sick room: there lies a man groaning with disease. His brain is affected with intense sensitiveness. Behold that guardian angel moving about the sick room; see how softly she treads; the god of silence seems to have endowed her steps. What does she fear? She knows that even the sound of those footsteps, which in health he loved to hear, will produce, if made with the usual pace, the most severe agony.

Even some candid opponents of homœopathy allow that the

CHAP. XI. specific relationship between the medicine and the disease is the cause of more powerful action. Dr. Jörg remarks :—

“ On the other hand, medicines operate most powerfully upon the sick, when the symptoms correspond with those of the disease. A very small quantity of medicinal arnica will produce a violent effect upon persons who have an irritable state of the œsophagus and stomach. Mercurial preparations have, in very small doses, given rise to pains and loose stools, when administered in an inflammatory state of the intestines. Yet why,” exclaims he, “ should I occupy time by adducing more examples of a similar operation of medicines, since it is in the very nature of the thing that a medicine must produce a much greater effect, when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing.” *

The proposition under demonstration is, that medicines act curatively in infinitesimal quantities, when exhibited in diseases to which they are homœopathic.

In maintaining this proposition, it is not maintained, that a millionth part of a grain or of a drop (to take a given, though a large quantity in homœopathic administration,) will produce any visible action on the man in health ; nor is it maintained, that a millionth part of a grain or of a drop will act on the man in disease : but it is maintained that the millionth part of a grain or of a drop will act on the man in disease, if between the diseased state of the man and the medicine, infinitesimally administered, there is a homœopathic relationship. In other words, the homœopaths do not vaguely say, that medicines in infinitesimal doses cure diseases, but they do say that medicines given for the cure of diseases to which they are homœopathic, do cure these diseases when administered in infinitesimal quantities ; to repeat, the homœopathist, in maintaining the efficacy of medicines in infinitesimal quantities, regards three requirements as necessary :— First, the development of virtues in medicines by the process of preparation ; second, the increased receptivity to impression produced by disease ; and third, the selection of the right remedy.

* Materiellen zu einer künftigen heilmittellehre durch Versuche der Arzneien an gesunden Menschen gewonnen und gesammelt von Dr Johan C. G. Jörg. p. 16.

Those opponents, then, who argue, that medicines in infinitesimal quantities do not act upon persons in health, waste much time and expend uselessly much trouble. No homœopathist maintains that they do. These opponents, too, who make a boast that they will swallow the entire quantity of globules in a bottle, show only, in what they think to be a most potent and most courageous argument, their ignorance of what homœopathy teaches; and demonstrate, by the very argument which they deem so potent, their total powerlessness, because of their total ignorance, to argue rightly on the subject.

Any apparent force in their argument is in the idea sought to be conveyed, that if a medicine in an infinitesimal dose does not produce any effect on the healthy man, it cannot produce any effect on the diseased man. But this inference is not justified.

The millionth part of a grain or of a drop *is* A POWER; but in order that the power should be medicinal, a condition of application is necessary; and that is, that it be applied in accordance with the homœopathic law.

It is a truth, in reference to the development of vegetable life, that each stigma is receptive only to its specific pollen, so that the pollen of one plant has no effect on the stigma or the seeds of another of a different family. It is true, that the pollen of a rose modifies the seed of another rose; it is true, that the pollen of one tulip affects the seed of another tulip, so much so, as often to produce an entirely different colour and form; but if the pollen of the rose be carried to the lily, or that of the lily to the rose, no effect is produced by either, on either. So that—while the pollen of the rose is to the seeds of the rose a specific stimulant, and the pollen of the lily to the seeds of the lily; and the stigma of the rose and the stigma of the lily have their receptivities to the impression of each one's pollen developed in each at the appropriate time—the pollen of the rose has not a specificity to the seeds of the lily, or the pollen of the lily to the seeds of the rose.

Equally correctly might the objector maintain, that because the pollen of the rose has no effect on the lily, that it has no action at all, as the objector against infinitesimal medicines, that because an infinitesimal dose of medicine does not act on a healthy man, or even on a diseased man to whose disease it is

CHAP. XI. not homœopathie, it does not act on a diseased man to whose disease it is homœopathie.

One who had lost the sense of smell, maintained that the action of infinitesimal portions of musk, so as to produce an impression on the nose, is a delusion. Others smile at his simplicity; they perceive that he, being without the power of smell, has not the condition of receptivity to the impressions produced by the musk. They would pity him, but they feel his conceit destroy their pity, when he dogmatically maintains that for others to maintain these infinitesimal particles of musk act upon them, is all nonsense, is, as the editor of the *Lancet* maintains, "a fraud."

The increased susceptibility of impression existing under disease is evidenced in the well-known fact, that if a person having burned one of his fingers, holds his hand to the fire, the pain produced in the burned finger is intense, whereas no pain is felt in the other fingers of the same hand. The action of the fire on the burned finger is felt by the sufferer.

To assert that the disease does not render the system more susceptible to the action of the medicine homœopathie to it, would not be more absurd, than to tell the man with the burned finger, that it was all delusion to assert that the burned finger felt the fire more than the fingers not burned. And further, for a man who had not burned his finger, and having held his hand to the fire and not feeling any effect on any finger, to maintain, that no pain is felt by a person who has burned his finger on so holding his hand to the fire, would not be more absurd than is the assertion of the allopathie boaster, that a medicine in infinitesimal doses to a case of disease homœopathie to it could have no effect, because he had tried the same medicine in a case which was not homœopathie to it, and it produced no effect.

Of late years some experiments by persons not influenced by homœopathy established, that *quantity* is not the chief point to be considered in the production of actions and of results, in fact, the peculiar character which modern philosophy has assumed is that connected with the recognition of the spiritualism in forces.

The following remarks are very apposite.

“ The *very* DIRECTION *in which a power is applied*, or (to CHAP. XI. state it after the manner of the men of measurable quantities,) a weight allowed to operate, is so immensely more significant than the weight itself, that Archimedes, who shot quite imponderable arrows of sun-fire at the enemies of Syracuse, and burned up their vessels of war, wanted but a point to plant his lever, in order with his puny arm to move the world. What is the weight of water with which Watt elips thiek iron like paper into shreads, and sends his huge leviathans, throbbing in their irresistible struggle, over the Atlantic? Are not a few pounds of terrestrial weight transformed into tons by the mere disposition of them by Bramah, on the principle of the old hydrostatic paradox? Paradox! One had thought the day of paradoxes was over for ever now, every thing great is a paradox at first; for our ignorance and vulgar mistake of knowledge for truth make it strange.”

Davy fearlessly following the principle of electrical induction by contaet, discovered that half a dozen square feet of the copper sheathing of the British fleet, are rendered electro-negative, (that is, the polarities of all the innumerable partieles which make up that extent of surface, are reversed), by a zinc nail driven through the centre of the space, and are thereby protected from the corrosive action of the sea with its stores of oxygen, chlorine and iodine, everywhere ready to be let loose upon metallic substances.

Nay, Sir John Herschel finds that the relation to electricity, of a mass of mercury, for instance, is such that it may be reversed by the admixture of an almost infinitesimal proportion of a body, as potassium, in an opposite electrical condition: and with such electrical conditions are all chemical actions whatsoever inseparably connected; while every one is aware that physiological are complicated, as well as chemical, with mechanical phenomena. So impressed is Herschel with this class of observations, as to observe, “ That such minute proportions of extraneous matter should be found capable of communicating sensible mechanical motions and properties, of a definite character, to the body that they are mixed with, is perhaps one of the most extraordinary facts that has appeared in chemistry.”

CHAP. XI. Dr. Daubeny having, in a memoir read before the Royal Society in 1830, on the saline and purgative springs of Britain, expressed his doubt of the possibility of any medical action being exercised by so insignificant a quantity as one grain of iodine spread through ten gallons of water (the largest proportion he had ever found), felt himself constrained to announce in 1831, that the considerations above stated, the influence of the potassium on the mercury, now induce him to attach more importance to the circumstance of its presence; for it is just as possible *à priori*, that this quantity of iodine should infuse new properties into the salts which accompany it, and cause them to act in a different manner upon the system, as that less than a millionth part of potassium should create so entire a change in the relations of a mass of mercury to electricity.*

It is not the power—it is the *mode of applying* the power. Let the infinitesimal quantity of medicine be applied rightly, that is, in accordance with the homœopathic law, and the sought for effect, the cure of disease, will be gained.

Notwithstanding all these facts, some are bold enough to maintain that it is impossible that infinitesimal quantities of medicinal substances, prescribed homœopathically, can act.

To what does this assertion of the impossibility of the action of infinitesimal quantities amount? To this—that the utterer of the impossibility puts his judgment of what *ought to be* against *what is*.

If not in medicine, at least in other departments of science, too much information has been accumulated to permit the searcher after truth to allow any man to shelve a proposition by placing *his* what ought to be against what is. So many previously declared impossibilities have become, notwithstanding the declaration that such was their character, possibilities, that all such talk is now deemed nugatory. Navigation by steam across the Atlantic is now to be seen, despite of Lardner, who said that it was an impossibility. Travelling by steam on railways has made Stephenson immortal, and those who called him

* *British Journal of Homœopathy*, vol. I., article “Theory of Small Doses.”

a fool, fools. The priests' of Galileo's days impossibility of the earth going round the sun, has been a possibility in nature from the beginning, and is now become a possibility even to a child's understanding. CHAP. XI.

The “ ought to be ” argument will be legitimate, when the propounder can assert with truth, “ I know ALL *the laws* of the creation, and the thing proposed is in opposition to those laws ; ” but with all the uncertainty attached to the old system of medicine, no one whose opinion is regarded will venture to assert that he has this knowledge, even in reference to medicine. All enlightened men respond to the observations of Laplace, “ Nous sommes si loin de connaître tous les agens de la nature et leurs divers modes d'action, qu'il serait peu philosophique de nier les phénomènes, uniquement parcequ'ils sont inexplicables dans l'état actuel de nos connaissances.”

This “ ought-to-be ” state of mind, and the reasoning founded thereon, are the companions of bigots only. It shows a self-esteem which no man of science will, though fools may, tolerate. The man of science asks, in reference to any fact brought before his view, *Is it ?* and seeks the proof ; and science guides him in the selection of the means probative. If then it is asked of the homœopathist, in the philosophic spirit and a kindly manner, *Do you mean to assert that you cure diseases with medicines in these MINUTE doses, prescribed in obedience to the homœopathic law ?* he answers, He does : and even in this country, evidences derived from *thousands** of patients, who have been treated and cured by homœopathic means, are tangible.

These patients to whom reference is made, get well. What is the inference ? What is the inference by the allopathist when his patients get well ?

The allopathist is called to a patient with typhus fever ; he prescribes certain medicines for that patient ; the patient gets well ; what is his conclusion—his *sequitur* ? *The medicines cured him.*

The homœopathist is called to a case of typhus fever ; he gives homœopathic remedies, and in minute doses, to his patient ;

* See Appendix, “ On the Extent of Homœopathic Practice.”

CHAP. XI. the patient gets well; what is his conclusion—his *sequitur*? What the allopathist's was—*the medicines cured him*.

No, say the allopathists, this is a *non-sequitur*. But why is the cure a *sequitur* in the allopathist's case, and a *non-sequitur* in the homœopathist's? The former prescribes medicines with some fixed object in view; he gains that object, and he believes that the object is gained by means of the medicines he prescribed: this he infers, because there was in his mind, in prescribing such medicines, a fixed relationship between the object to be gained, and the means to gain it. Well, the homœopathist prescribes a medicine, with a certain object in view; he gains that object, and believes the object is gained by means of the medicine he prescribed; and this he infers, because there was, in his mind, in prescribing such medicine, a relationship between the object to be gained and the means to gain it.

And mark, how much more ground of certainty the homœopathist has that the medicines given by him do gain the object, than the allopathist has in reference to his medicines, and the object he has in view. The homœopathist prescribes the medicine, on the ground that it has the power of producing symptoms similar to those exhibited in his patient. The allopathist has no such rule. The homœopathist has a fixed rule to guide him in the choice of means, and thus he is enabled to ascertain exactly how far those have corresponded to a given expectation; he has, to requote Leibig's words, "a question clearly and definitely put," and the reward gained is, that it is "clearly answered."

But if the allopathist judges from his results that the means brought them about because there was a pre-existing relationship in his mind between such results and the means to attain them, how much more certain can the homœopathist be that his conclusion as to the results obtained by him are really such. The allopathist gives many medicines, and uses many means at the same time. The homœopathist uses only one medicine at a time. If one source of fallacy exist in reference to his experiment, many exist in reference to the allopathist's.

But the homœopathist is not at all in a hurry to get at a conclusion. He knows, perhaps better than those who affect to despise him, that though causation must *come out of* coincidence,

coincidence is not always causation. He knows that coincidence, CHAP. XI.
to indicate causation, must be universal; in fact, he has learned what has been so well expressed by the most talented of physiologists, "the discernment of UNIVERSAL CONNEXION AND CONTINUITY amounts to the discovery of truth." *

"The natural philosopher," Liebig informs us, "endeavours to ascertain the conditions of a given phenomenon." The homœopathist recognizes this as a truth; he gives a remedy to gain a given effect; he realizes that effect, which is health; and he seeks the conditions. Thus, he gives, in *true* SCARLATINA, (not in all fevers with scarlet eruption,) *belladonna*: he cures. He repeats this over and over again, and similar is the result. He had phenomena—namely, feverish heat, scarlet redness of skin, enlarged tonsillar and other glands, &c.; he gives *belladonna*—the feverish heat ceases, the scarlet redness disappears, the tonsils return to their natural shape and size. These constitute another series of phenomena. He asks the condition linking these phenomena; and he finds it to be this—the administration of a body that has the power of producing in a healthy person phenomena presented in the first series of phenomena.

Take another case. The homœopathic physician has a case of *dysentery*. He finds the phenomena to be similar to those which *corrosive sublimate* produces, when a person is poisoned by it; he gives the quadrillionth part of a grain of this medicine, and he cures. Here, again, are two sets of phenomena. He seeks the condition connecting them, and finds it to be *corrosive sublimate*. Every homœopathist has cured numerous cases of the worst forms of dysentery by corrosive sublimate in these minute doses.

Again, the homœopathic physician is called to a case of *strangury*. The patient passes bloody urine, half a spoonful to a spoonful, every two to three minutes, with agonizing pain, sometimes making ineffectual, but dreadfully painful efforts. The physician gives the millionth part of a drop of the *cantharis* solution, prepared according to the homœopathic formula, and the water passes freely without pain in the course of a few hours. Numerous cases of this nature occur—the writer has

* Regnum Animale De Intestinis.

CHAP. XI. known such results, when the agony has been so great, that a strong-minded man has told his attendants to remove his razors, and has begged, on his arrival in the chamber, to give him some narcotic to kill him. The writer gave him *cantharis*, and cured him.

It would be presenting an incomplete view of the action of infinitesimal quantities, if reference was not made to a physical fact, in connexion with the action of these quantities.

Murray, in his *Materia Medica*, referring to some experiments in connexion with narcotic poisons, remarks (page 60, 6th edition):—

“The medicines belonging to this class act primarily upon the stomach, whence their action is propagated by nervous communication to the rest of the system. That they do not act by being received into the blood is evident from the fact, that their effects are apparent in general in a short time after they have been swallowed; and it has been found on dissection immediately after these effects have appeared, that the *whole of the quantity administered* has remained in the stomach *undissolved*.”

If the whole quantity remained in the stomach undissolved, it is certain that in the experiment, supposing only a grain of opium was used, the part acting on the nerves of the stomach was only the *superficies* of the mass, and not the whole grain; and yet the points of this small surface produce the most deleterious effects.

If, then, a grain of opium is extended, and so infinitesimally divided, that its superficies is enlarged, say a million times, is it not probable that a millionth part of a grain, presenting as large an action superficies as that presented in the grain, will act quite as efficiently?

Some experiments of Sir Benjamin Brodie and of others show that the introduction of a narcotic into a wound produces an instantaneous effect. The wounded surface is an absorbing surface, and hence the rapidity of the effect. Is it not likely, that by bringing medicines into a state of infinitesimal division, in which state they are in a condition most favourable for acting, by being taken up by the minute absorbing vessels, they will then

produce an infinitely greater effect on the system, than if not so CHAP. XI.
infinitesimally divided ?

An infinitesimal quantity *is* a quantity.

The unphilosophicalness of doubting the efficacy of an infinitesimal quantity of medicine, viewed as nothing, is thus elegantly exhibited by Hahnemann :—

“Methinks I hear vulgar stolidity croak from out the quagmire of its thousand-year-old prejudices : ‘Ha ! ha ! ha ! A quadrillionth ! Why, that’s nothing at all !’

“How so ? The smallest possible portion of a substance, is it not an integral part of the whole ? Were it to be divided and redivided even to the limits of infinity, would not there still remain *something*,—something substantial,—a part of the whole, let it be ever so minute ? What man in his senses would deny it ?

“And if this (a quadrillionth, quintillionth, octillionth, decillionth) be in reality an integral part of the divided substance, which no man in his senses can doubt, why should this minute portion, as it is certainly *something*, be *inactive*, while the whole acted with such violence ?”

As the conclusion of the views developed in this and the preceding chapter, it may be stated, if disease can be *produced* by infinitesimal quantities, it is not beyond the bounds of sound reasoning to infer that it is probable, that diseased states may be *cured* by medicines in infinitesimal quantities.

CHAPTER XII.

Objections to homœopathy.—The difference of character of these objections.—The objection that diet cures.—The dishonesty in this objection.—The power of diet.—Beneficial effects, arising from abstinence from physic, ascribed to diet.—Objection second, Imagination cures.—Interesting facts showing the power of imagination.—The fallacy of this objection.

CHAP. XII. To homœopathy, like to every thing new, objections have been urged.

To this urging of well-founded objections there can exist no objection. The only point of objection to objections is, when the objections urged are those, which, if the objector had taken the least trouble to inquire, he would have found either not to be objections, or to be only such as the parties objecting have manufactured to stay the progress of a truth, that may interfere with their error.

Unfortunately objections of the former kind are the most frequently made, and for this simple reason, that the objectors, who make such objections, find it a great trouble and a great sacrifice to make a right use of their faculties in investigating, *fairly* and *sufficiently*, the subject objected to ; and thus tax others with the objections referred to, the products, it may be, of their laziness ; or, may be, of their conceit, that they, without the proper consideration, are qualified to put forth dicta on a subject which they have not investigated.

To the objections of the latter kind, the one remark to be made is, they are the products of dishonesty, and, as such, present a humiliating exhibition of intellect debased.

It seems quite proper and necessary, that every new system should be objected to: and the very fact, that the system previously in existence has, during its existence, collected around itself numerous interests, is quite sufficient to explain why any new comer must be met by attacks from the parties, whose interests will be interfered with. It is said by naturalists, that certain animals are always obliged to *fight their way* into any company into which they wish to enter, and a successful contest is the evidence of their election. So it is with any newly discovered truth, or newly invented system: it is attacked, and if strong in truth, the attack will bring out its strength, and will thus establish it on a basis, firmer than it would otherwise, it is likely, for some time, have attained. Knowing too, as Milton says, "That truth, in her contest with error, in a fair and open field, can never be put to the worse," these very attacks may be regarded, by the advocates of man's progress, as even useful in bringing truth prominently before the public mind, which is induced to interest itself in the matter by the excitement connected with the contemplation of the contest.

Holding these views, the homœopathist does not at all despise the objections urged against his system: he is not angry at the objectors; but has always called to his mind, on hearing the objections of the *disease-concealing* antipathist, and the *disease-producing* allopathist, the old adage, "They, who live in glass houses, should not throw stones:" or, if they do throw, they should, as Isaac Walton says, referring to using small fish as bait to catch other fish, and giving directions how to put the hook through the jaws of the bait, "Do it kindly."

It may be well therefore to consider the objections against homœopathy, whether urged kindly or unkindly, honestly or dishonestly: they are objections, and that is, on the present occasion, their recommendation to notice.

The objection most frequently urged is, The *DIET cures the patient*.

The opponents of Homœopathy allow that patients, whose dis-

CHAP. XII. cases have resisted all other treatment, whether antipathic, allopathic, or both, *do get well under homœopathic treatment*. This is something to grant: they even grant, that, in chronic diseases, some most wonderful cures have been effected; but, say they, it is not the *medicinal* treatment; it is the *dietetic* treatment, to which the cure is to be ascribed.

What then is the dietetic treatment? To detail the diet recommended may be useful, as showing how far the statement, that the diet is the curative agent, is justified.

First of all stands beef: next comes mutton: then some fishes that are not oily: following these are fowls: game: potatoes, peas, French beans, brocoli: ripe and sound fruit: bread, butter, cheese not rotten, &c.

Wine is allowed if the person has been habituated to it. The articles to be avoided are bacon, pork, veal, that is, *meat spoiled by the method of killing*, and by being killed *too soon*, young meat; beer, being drugged; pickles; *coffee altogether; *tea, if possible, (using cocoa, the most nutritious article for drink,) spices, strong-flavoured foods.

This is not the starvation diet of modern times, and is that many would not much regret to have each day.

But the allopathist and the antipathist objectors place themselves in rather a disgraceful position by this argument they use, in referring to the diet as sole cause of cure: because, if diet will cure, why then do they not, as honest men, give up physic, and, instead of inundating people therewith for the cure of chronic diseases, order them the homœopathic diet, and give no medicine. That would not pay: but surely these people must write themselves down as rogues, if, after declaring, that cases of chronic disease, which have resisted all other modes of treatment, have got well under the homœopathic mode, and after declaring, in addition, that the cures, when thus made, have been effected by diet, they still persist in giving patients physic, and, at the same time, put forth, according to their argument, the falsehood, that physic used by them effects the cure.

* For the reasons why tea and coffee are forbidden to patients under homœopathic treatment, see vol. iii. and vol. iv. of "The Journal of Health and Disease and Monthly Journal of Homœopathy."

If they believe that DIET is the cause of cure, they are pillagers CHAP. XII. of their patients, if continuing to give PHYSIC: if they believe that it is *not* diet that cures, but feel that there is virtue in homœopathic medicines, to prevent the acknowledgment of which they use the diet argument, their character is of a still baser description, inasmuch as they want the daring boldness of those who believe that diet cures, and yet give physic.

These men place themselves in a dilemma, on the one or the other of the horns of which they must ride, and on either horn is written "rogue."

But it must be clear that it is not diet that cures diseases. Patients can take the diet named, and yet do not get cured. How many persons have dieted themselves, (liking diet better than physic,) with the greatest care, and have not been cured: their diseases, indeed, have progressed. Diet is to *nourish* the body in *health*, not *cure* the body in *disease*.

The homœopathist knows, that, though diet will not cure disease, *improper* diet will *interfere with the cure* of disease: the homœopathist therefore strives to gain, in reference to diet, that no *impediment* shall be presented by the diet used to the efficacy of the means, which he uses.

Thus far he trusts to diet, no farther: he knows that all articles of diet, except those which are *purely nutritious*, have a medicinal character. These articles having properties in addition to their nutritive, he knows tend to keep up disease; and if not keeping up disease, prevent the full effect of the homœopathic remedy or remedies. On these grounds, and not on any curative power possessed by diet, do homœopathists enforce the adoption in chronic diseases, not of water-gruel diet, not of a starvation diet, but of a *good, wholesome, nutritious* diet.

Diet is a subject much misunderstood, and concerning which the greatest discrepancy of opinion, even among medical men, prevails. Even among homœopathists much ignorance exists.*

The enlightened homœopathist does pay, as he is bound to pay, rigid attention to diet; and because he does pay this proper attention, this his attention is made the ground of an attempt to rob him of his credit as a curer of disease.

* See Appendix, "The Diet Question."

CHAP. XII. In fact, the question ought to be plainly put, Is diet important, or is it not? All acknowledge that diet must be attended to. Does the homœopathist pay more attention to diet than it deserves? The opponents cannot say that he does, because, if by this attention cures of disease are effected (as they assert), to assert that he pays too much attention, is to assert that it is an injurious thing to cure disease. The attention to diet by homœopathists is not with the view of curing disease, but with the view of preventing any interference with the medicines which they use for the cure of disease. Surely, if it indicate skill in a man running a race, to throw aside all incumbrances, it ought not to be charged, as it is, as a crime to the homœopathist that he, in the race for health, should avoid all matters that may interfere with him in running that race.

The only excuse that can with any reason be urged as mitigating the opprobrium, connected with the unjustness and the virulence of the attack upon homœopathy, through the diet argument, is the fact, that *so injurious are the effects*, produced by the antipathist's and the allopathist's *medicines* upon their patients, that the patients so rapidly improve when desisting therefrom, and *using only diet*, that the power of diet seems almost all-potent: whereas the benefit experienced results not from the power of diet, but from the *cessation of the infliction of injury*, by ceasing from the destructive medicinal agents. The patient, now not injured, gets well rapidly: the medical attendants lift up their hands, and exclaim, "See what diet will do." They should *say* what the patients *think*, "See what desisting from physic will do."

Hahnemann, who notes every thing well, thus remarks:—

"Often (the thought is saddening!) patients recover as by a miracle, when the multitude of anxiously changed and often repeated nauseous drugs prescribed by the physician is either openly or clandestinely discontinued. For fear of giving offence the patient frequently conceals what he has done, and appears before the public as if he had been cured by his physician. In numerous instances many a prostrate patient has effected a miraculous cure upon himself by not only refusing the physician's medicine, but by transgressing his artificial and mischievous system of diet in obedience to his own caprice, which is in this

instance an imperious instinct impelling him to commit all sorts of dietie paradoxes. Pork, sauerkraut, potato-salad, herring, oysters, eggs, pastry, brandy, wine, punch, coffee, and other things, most strongly prohibited by the physieian, have effected the most rapid eure of disease in patients, who, to all appearance, would have hastened to their grave had they submitted to the system of diet prescribed by the schools.”

It may be supposed, charitably supposed, that they do not see it in this light, and beholding such wonders arise under diet in reference to *their own* patients, they think that diet cures chronic diseases, placed under the homœopathic physician's care, though, under their care, with all their dietings, these very diseases were so intractable.

But diet cannot explain the efficacy of homœopathic treatment. Many, when they begin the homœopathic treatment, cannot take the homœopathic diet. They have no appetite to take even those articles of food that homœopathy allows. In other cases it happens, that though they have the appetite, yet such are the inconvenience and the pain resulting from the use of those articles of diet allowed in homœopathic treatment, that they dare not take even these articles. Yet, a short time after they have been under homœopathic treatment, the appetite recurs, so that they are able to adopt the homœopathic diet; and further, these articles of diet, which produced pain and uneasiness in the stomach, cease to produce pain and uneasiness.

How often do patients, when first coming under homœopathic treatment, say they cannot take cocoa; it always disagrees with them. In a few days, after taking the appropriate homœopathic medicine, they find that they can take and digest and enjoy cocoa.

How could these results happen if diet was the cause of cure?

In connexion with the subject of diet, which has been so harped upon as being the basis of the successfulness of the “quackery” of homœopathy, it is interesting to remark, that in connexion with this diet, the strongest antipodal point to homœopathy being a quackery stands forth.

Quackery sides with popular prejudice and likings. What, it may be asked, are the mass of the British public fonder of than tea? and yet the homœopathist condemns tea and forbids its

CHAP. XII. use by those under homœopathic treatment. Surely, if homœopathy were a quackery, and homœopathists were quacks, they would not injure their progress by running their directions into the very teeth of a popular liking. In fact, numerous persons have been a long time kept from adopting homœopathy, and deriving the benefits thence resulting, by a dislike to the abstinences enjoined by the homœopathic rules, more especially by the abstinence from tea.

How easy would it be for homœopathists, if they were not men who have bowed before the majesty of science, to allow their patients, as the old-system practitioners do to their patients, to have tea, and other articles of diet which the patients like?

Driven from diet, the objectors fly to some other cause of cure, the homœopathic treatment being out of the question. They next assert, when diet cannot reach the point, *it is the IMAGINATION* that cures.

It is allowed that imagination is indeed a powerful agent: it will explain many cures.

Most have heard of the wonderful cure effected, a few years since, upon a nun at Chelmsford, by Prince Hohenlohe. She had a disease of the arm, which had baffled the skill of her medical attendants. It was agreed, that, at a particular day, on a particular hour, Prince Hohenlohe should pray for her, his prayers being accompanied, at the same hour, by prayers in every convent in the European world; and also at the nunnery where the young lady resided, near Chelmsford.

Conceive the effect of all this upon the mind of one, who, to become a nun, must be an *enthusiast*, (the term is not used in a condemnatory sense.) The excitement produced would have a most powerful effect upon the body, and the result was, that a new action of the life-power was induced, and the patient was cured at or about the time, when the Prince had promised to be engaged in prayer for her.

A case related by Dr. Beddoes is a good illustration of the power of imagination:—

“A singular but instructive instance fell under the observation

of Sir Humphrey Davy, when, early in life, he was assisting Dr. Beddoes in his experiments on the inhalation of nitrous oxyde. Dr. Beddoes having inferred that the oxyde must be a specific for palsy, a patient was selected for trial, and placed under the care of Davy. Previously to administering the gas, Davy inserted a small thermometer under the tongue of the patient to ascertain the temperature. The paralytic man, wholly ignorant of the process to which he was to submit, but deeply impressed by Dr. Beddoes, with the certainty of its success, no sooner felt the thermometer between his teeth than he concluded the talisman was in operation, and, in a burst of enthusiasm, declared that he had already experienced the effects of its benign influence throughout his whole body. The opportunity was too tempting to be lost. Davy did nothing more, but desired his patient to return on the following day. The same ceremony was repeated, the same result followed; and at the end of a fortnight he was dismissed cured, no remedy of any kind, except the thermometer, having ever been used.”—*Paris’s Life of Davy*, p. 51.

Dr. James Gregory, in his Lectures on the Practice of Medicine, used to relate the following anecdote:—

One of the students of the University, labouring under fever, and being sleepless, Dr. Gregory said to him, that he would order him an opiate to be taken at bed time. The patient, not hearing well, thought Dr. Gregory said, a “purgative.” Next morning Dr. Gregory visited him, and asked him what the anodyne had done for him? “Anodyne!” replied the astonished patient, “I understood it was a purgative, and a very active one it has proved, I have had four copious stools, and feel myself much relieved.”

The following experiment, in reference to the contagiousness of Asiatic cholera, exhibits the power of imagination:—

The Emperor of Russia ordered some criminals to be placed in beds in which some persons had died of the cholera; they slept in these beds, but did not experience any effects; they were then told, that as their lives were forfeited, they should be allowed the following chance of deliverance: they should sleep in beds where persons having had the cholera had died. If they were not affected, they should be set at liberty. They were then

CHAP. XII. put into beds where no one had died with the cholera; they slept in the beds, and became victims to the disease.*

The following interesting fact is strikingly illustrative of the power of imagination both in producing and in curing disease:—A little girl, while engaged in needlework, dropped her needle: search was made, but the needle could nowhere be found. A younger sister, aged seven years, assisted in the search. The elder sister suddenly exclaimed, laughing and pointing to the little one, “I think my needle is in Fanny’s leg.” The child so simply believed the statement of her sister, that it took complete possession of her, and while her mother and sister had nearly forgotten the circumstance, she was continually thinking about it, as of some dreadful calamity having befallen her. In a short time a change became evident in her; her appetite gradually failed; she was silent, and dull, and seemed to be wasting away. After much anxiety experienced on her behalf, and much consideration of the subject, her parents resolved to consult a physician. To this gentleman a faithful picture of the child’s state was presented, not omitting the coincidence of her illness having originated immediately after the little incident connected with the needle. The physician, after having heard every particular and considered for some time, gave it as his opinion that the terror which the child had experienced when told by her sister that the missing needle was in her leg, acting on a too timid and delicate nature, had been the cause of those painful results which they witnessed: and added, that he knew of but one remedy to meet the case, viz., to convince the child that the needle had been found. Acting on the philosophic advice of this gentleman, the mother shortly after came into the room where her child was, and with much gravity and expressing considerable satisfaction, announced to her that the needle which her sister had lost had at length been discovered. To give

* This, though showing the power of the imagination, is not altogether conclusive. The well-trained reasoner at once recognizes a source of fallacy in the experiment; namely, that as the men had at first slept in beds where cholera patients had died, they might have been influenced thereby, and the fright caused the development of the morbid influence already received. So difficult is it to make unobjectionable medical experiments.

more semblance of reality to her statement, she produced the needle. The child again simply believed. The effect was instantaneously beneficial, and from that time she gradually made the same steady progress on the road to health, as before she had gradually pined away. CHAP. XII.

These facts prove that imagination has a great power ; but it does not prove that imagination is the curer of diseases ; it proves that the mind is the lord over the body ; sufficient power, in some cases, either to give *such a direction* to, and *such a unburdening* of, the vital power, that it gains, as it were, an opportunity of restoring the organ or organs diseased to its or their natural state, or it removes the state, which gave origin to the diseased condition.

These facts convince, that, in curing diseases, the *mind* must be taken into consideration. A physician is bound to endeavour to gain the sympathies of his patients. He should be a kind, a feeling, a philosophic man ; for of this there cannot be a doubt, that, take two physicians of equal talent, the one kind and sympathizing, the other harsh and repulsive, the former will the more quickly and beneficially, even with the same medicines, effect cures than the latter.

To the imagination, then, the *allopathist* does not ascribe *his* cures : oh no ! to *his* skill they are to be ascribed ; but the cures which the *homœopathist* makes of patients, who to the *allopathist* were incurable, are all the effects of imagination. “Indeed, thou’rt kind.”

Another form which this argument takes is, IT IS FAITH THAT CURES. Well, if it is faith, the counter statement may be made, why do not the *antipathist* and the *allopathist* trust to faith with their patients ? Faith will surely cure their patients as well as the patients of the *homœopathists*. But perhaps they feel their system is so uncertain, that they cannot have faith ; and it is a truth in mental emotions, that, to make others feel, we ourselves must feel ; and therefore their faith in their own system being uncertain, the faith they can excite in their patients is proportionably weak.

However, imagination and faith are both valuable auxiliaries ; they are to be hailed ; their assistance is to be sought ; the *homœopathist* knows that man as a man is a *mind* being, and

CHAP. XII. imagination and faith being both powerfully operative mental states, he feels that, to use these properly, is a most important means in the cure of disease.

But, while all these effects are allowed to mind, it is to be remembered, that homœopathic medicines will cure, if not perhaps in *spite* of imagination and of faith, at least *without* imagination and faith.

Croup is a disease where imagination and faith have very little time for action; and this disease often occurs in children* too young to have imagination and faith curatively active, but croup can be cured, in most cases, by less than the millionth part of a grain of aconite and of sponge, or *hepar sulphuris*.

Inflammation of the lungs is a disease common to infants, and this disease is cured by aconite and tartar emetic, or *bryonia*, or *phosphorus*, (according to the symptoms,) in less than a millionth part of a grain doses: where then is imagination in this case? As Dr. Okie well remarks, "infants can have no knowledge of the rival systems of allopathy and homœopathy."

But imagination and faith do not cure even in adults: not when aided by the most perfect confidence in the medical attendant.

Look at pulmonary consumption. What is the strongest mental feature in the disease? Is it not this? That the patient always hopes, expects to get well; but does this stay the progress of the disease? Does this arrest the night sweat, the hectic flush, the irritating and exhausting cough, the rapidly progressing emaciation?

In fact, people have often faith in homœopathy, that they will be cured by homœopathic treatment, when the homœopathic practitioner knows that no cure can be effected. But faith does not alter the condition.

* The writer treats his horses, when they are ill, by medicines prescribed homœopathically in infinitesimal doses, and he has never lost a horse; and considering that his horses have to go out in all weathers and have to wait in the streets, this is no slight recommendatory evidence of the power of homœopathic treatment. Indeed, ever since the writer has been a homœopathist, he has never had to obtain the advice of a veterinary practitioner. See Appendix, "Treatment of Animals."

A member of the English Homœopathic Association, Peter Stuart, Esq., has had such success in the treatment of the pulmonary disease in cows, that he has been harassed by the applications, from all parts of the country, for medicines which are homœopathic and administered in infinitesimal quantities.—See Appendix, ditto.

CHAPTER XIII.

The objectional argument, "Nature does it all," refuted.—The suggestion, "Imitate nature," considered.—Injuries by nature.—Consumption.—Asiatic Cholera.—The absurdity of the allopathist's pretence to imitate nature.—Quotation from Hahnemann.—Fable of Gellert, the blind and the lame man.—The difference between the usefulness of the symptoms of disease and the salutariness.—Healing of wounds.—Distinction between an injured part and a diseased part.

The inefficiency of the faith and the imagination argument, CHAP. XIII. as explanatory of the cures effected under homœopathic treatment, having been demonstrated by the facts, that infants and animals are cured by homœopathic remedies in infinitesimal quantities, the opponents of homœopathy are driven to seek some other argument to enable them to avoid the force of the answer, derived from the action of these medicines in infinitesimal doses on beings, in whom the imagination not existing, could not have exercised any curative activity.

The argument, under this difficulty, devised with the view of explaining the cures, is, NATURE DOES IT ALL; medicines are only placeboes; all that is effected, nature effects. They put their views thus: We will allow, say the objectors, that diet does not do *all*; mind does not do all; but physic helps by *cheating the patient into a belief that we are doing something for him*, and, in the mean time, *nature*, that mysterious power, effects her glorious purposes, and *restores to health*.

But this, like all arguments that are not founded on truth, proves too much, for at once it suggests the fact, that bleedings, leechings, blisterings, purgings, vomitings, mustard poulticings,

CHAP. XIII. are not very innocent placebos ; and yet all these the allopathists, who put forward this argument, (that nature does it all,) to nullify the cures effected by homœopathy, continually use. Surely, if these arguers, that nature does it all, were sincere in their belief, they, as conscientious men, could not use such destructive means ; but they do not, it is to be feared, believe what they assert.

They are fond of using another phrase : they say, “ IMITATE NATURE.” To all well constituted minds this phrase has great captivations ; but, in using this phrase in reference to the steps the allopathists pursue in the treatment of disease, they beg the whole question, namely, in what consists the imitation of nature.

If they are asked what is the imitation of nature, there is no agreement between them. In fact, the best and the only imitation of nature is to follow the law which the Author of nature has appointed to regulate the action of medicines in the cure of disease, namely, the law “ *similia similibus curantur.*”

Truly each allopathist professes he is imitating nature, and yet, as has been shown, each one condemns his neighbour’s proceedings.

Indeed the imitation of nature is not always good ; nature is in fact very destructive in her efforts.

What then is this nature ? All that is known about this nature is, that *it is life, acting through certain parts of the body,* called organs, and, as was explained, producing, when the organs are in a natural state, *harmonizing manifestations,* or HEALTH, when not in their natural state, *disturbed manifestations,* or DISEASE.

The disease itself, though it is *life struggling for health,* is a destructive attempt of nature : that is, nature, in the attempt to restore health, often destroys the constitution. Indeed, the life often destroys the life in the efforts made to restore health.

Take consumption. In consumption, the free action of the lungs is prevented. With the respiratory system of the lungs, the perspiratory system of the skin is intimately connected. Hence in consumption, the life-power often tries to relieve, by producing copious sweating, the oppression of the respiratory process. The patient is relieved by the copious sweating ; but, this very relief is attended with a rapid weakening and emacia-

tion. Relief ceases to be afforded by this, and, at last, the life-
power directs action to the *bowels*, and constitutes a violent
diarrhœa. The patient feels the breathing better during the
continuance of the purging, but this, at last, so exhausts the
powers of the system, that means are obliged to be used to stop
the violent diarrhœa. Having stayed the discharge from the
bowels, the skin again acts : copious sweating again takes place :
and thus, interchanges of life's action take place, until life ex-
hausts itself in the struggle.

The people of this country have had, during the last few
months, some sad illustrations of the fatal effects of the so-called
Asiatic cholera.

Dr. Foote, in his valuable inaugural dissertation, "*De Cholera
Indica*," published in 1825, stated that in the most severe cases
the cholera produces death without purging, vomiting, or
cramps, the patient collapses at once and dies soporose.

The usual progress of the disease is to produce violent purging
and vomiting, cramps, exhaustion, and death ; and there can
exist but little doubt that these phenomena are the efforts of
nature to obviate the noxious effect of the noxious miasm exer-
cising its destructive power on the constitution. But will any
one maintain that these destructive purgings and vomitings and
cramps, these efforts of nature, are objects worthy of imitation ?

In fact, disease is a struggle of nature to recover health, and
sometimes the struggle goes through successfully ; but, in nine
cases out of ten, nature, unaided, sinks : and yet, professedly wise
persons argue, that, because, in the one case in the ten she
struggles successfully, she must be left alone in the nine : because
of ten men that cannot swim, who fall into the water, one escapes,
leave the other nine unaided to struggle for deliverance.

Well has Hahnemann remarked :—"The Father of mankind
willed not that we should simply ape the operations of nature ;
he willed that we should do more than she, but in another me-
thod, and with other means. To man it was not given to create
a horse, but he can make a machine more powerful than a hun-
dred horses, and more manageable too. He has allowed us to
construct vessels in which, sheltered from the monsters of the
deep, the fury of hurricanes, and surrounded by all the comforts
of land, we can circumnavigate the globe, which fish cannot do ;

CHAP.XIII. hence his refusal to us of fins, gills, and swimming bladders, such as fishes possess. He has denied us the plumage of the condor, but he has permitted us to discover the art of confining a buoyant gas, which carries us silently through atmospheric regions, all unknown to its winged inhabitants.

“ So he does not allow us to employ mortification for the separation of a crushed and mangled limb, as the unaided animal organism would do ; but he puts the sharply swift dividing knife in our hands, moistened with oil by the hand of man, that we might do the work with less pain, less fever, and far less danger of life. He allows us not to employ the so-called crisis for the cure of fevers as nature does ; we are not to imitate the critical sweats, critical urine, critical abscesses, and critical bleedings of the nose ; but, after patient search, we find the means of curing more rapidly, more surely, more easily, with much less pain, much less danger of life, and much less consequent suffering.”

Nature, in reference to the cure of disease, is blind ; man, by himself, in reference to the cure of disease, is lame. A fable book of Gellert gives the history of two men, who wanted to reach the same place: the one was blind ; the other, lame. They discussed how they should reach the place. The blind man lamented that he could not see the way ; the lame man, that he could not walk the way. They consulted together, and the lame man suggested to the blind man to let him mount the blind man's back, and then he could guide the blind man to their mutual destination. The blind man consented, and they both arrived in safety.

A similar relationship, in reference to curing disease, exists between nature and the physician ; he, powerless in himself, is powerful as the guide of nature. But it should ever be remembered, that it is not because the physician professes to guide nature, that he does do so : in fact, till Hahnemann discovered the law, no one knew what was the law by which nature is guidable. The old-system practitioners have prattled long about guiding nature, but the majority of them justify, by their conduct, the charge of Dr. Forbes, who states, “ The old system of *impertinent interference with nature in all her ways* being that still adhered to by many practitioners.”

The worst driver pulls most at the horse's mouth ; the well-trained horseman touches gently, but effectually the rein. The

allopathist works poor nature's mouth most diligently, and he calls it "active treatment," but dreadful indeed to nature is his guidance; it realizes the old adage "of setting a beggar a horse-back." CHAP. XIII.

This exposition of what nature does is the more necessary, because in a work, issued by the English Homœopathic Association, a great error has been given authority to in a paper, entitled "Action of Nature in Disease." In this paper, which ought to have been published with the author's name, as thus the views would have been represented as his, and not as those of the Association, is the following:—"The theory of this (homœopathic) practice is, that all the actions which we term "symptoms," and which are manifested during disease, are merely so many *salutary processes set up by nature* to remove some morbid cause, which is present in the system, and that, consequently, the great effort of the practitioner should be to aid these processes by administering such medicines as are found to stimulate to the performance of them."—Appendix.

The scientific homœopathist does not hold the view that the symptoms are salutary processes set up by nature: he allows that the symptoms are indicative of processes, which are set up by nature, but so far from being salutary, they are destructive.

If the symptoms or the indications of disease, or, to use a more common form of expression, if the effects of the disease are salutary processes, then the indications of health cannot be salutary processes: disease is life struggling in the wrong way; and surely the processes in which this struggling takes place cannot be salutary. It would not be more unwise to call the inharmonious sounds of a broken wind instrument, its salutary effects; or the dreadful manifestations of insanity, as the salutary effects of a deranged brain.

It is true, that the symptoms are useful, as indicating the existence of the diseased state, but a great difference exists between the being useful and the being salutary. If such a distinction did not exist, it might be argued that the flames of a house burning form a salutary process to get rid of the fire in the house: they do get rid of the fire, by exhausting the burning materials of the house. The flames are useful, as leading the

CHAP. XIII. inmates to escape, and as directing the firemen where to direct their fire-engines.

A hurricane sweeps over the earth : it uproots trees, destroys corn-fields, overturns houses, and founders ships. These are, to use language in relation to the subject under examination, the symptoms of its existence ; but surely, no one will declare that the uprooting of trees, the destruction of corn-fields, the overturning of houses, the foundering of ships, are salutary processes. It is true, that the ultimate result of the hurricane may be beneficial, in purifying the atmosphere ; but it would be difficult to believe that the hurricane, in its destructive agencies, is salutary.

There is a thunderstorm in the sky ; lying buried in it is an immense mass of electricity ; behold it moving towards your house ; it strikes it, and there, in a moment, is a corpse. This process, set up by nature in order to get rid of the excess of electricity in the sky, is surely, in passing it to the earth through the body of the man struck, not salutary ; though the result, namely, the equalization of the distribution of the electric fluid, is useful.

It might as well be argued, that man in a violent passion is a salutary process, because passion is overruled for good : it may be useful, because the divine arrangements have ordained, "That the wrath of man shall praise Him, and the remainder of his wrath he shall restrain."

The only way in which disease can be viewed properly, is to look at it as a deviation, as a manifestation of life working wrongly : and a working wrongly can never be estimated as a working salutarily.

Still the symptoms, indicating the deviation, are useful. So, as already stated, are the phenomena of the hurricane ; so is the discharge of the thunder-cloud ; so is the gigantic water-spout. Man, by discovering the laws which regulate the phenomena of each, can, by applying these laws, prevent the injuries that would otherwise result ; by the marine barometer, man can, if at sea, furl up all his sails and put his ship in readiness for the indicated storm. By the electric rod of Franklin, he can convey down the electricity of the thunder-cloud silently into the earth, and prevent the destruction of property and of life. Equally well can he, by applying the despised homœopathic law, cause the phenomena of disease to disappear silently ; but not by

stimulating nature to the performance of her destructive efforts. CHAP. XIII.

The thinking homœopathist has nothing to do with these said-to-be salutary efforts of blind nature. He finds a storm in the human body, and he has (to keep up the previous comparison) to find out a remedy with a medical electricity, having the power of producing similar phenomena to those exhibited by the electricity of the disease, and by bringing the two into contact, to cause a mutual silent annihilation. He has to make life, working wrongly, work rightly, and this he is enabled to effect by the application of the homœopathic law.

It is urged by many, in justification of this statement of nature's process, "See how nature heals a *wounded* surface."

Dr. Macartney, after describing the modes which nature adopts to repair injuries done to the living animal machine, remarks :—

"In the treatment of wounds, therefore, the great object of the surgeon must be to prevent inflammation, and thereby secure reparation by any of the three first modes ; if he is successful in this object, granulation and suppuration, which go together, will be obviated. The following simple rules seem to embrace all that is necessary to facilitate nature's operations ;—approximate the edges of the wound gently, and without much traction (after having cleansed it and removed foreign bodies) : use as few stitches as possible ; apply a pledget of cloth soaked in cold water, and bandage loosely ; inculcate absolute rest ; preserve the part cool and moist, by the assiduous changing of cloths wrung out of cold water, and applied over the bandage ; the part must not be allowed to become heated, so that for the first few days the cloths must be changed every two or three minutes, or a minute continuous stream must be directed on the part, by any of the simple processes recommended for the purpose. By the use of the cold water dressings, incised wounds heal immediately, and lacerated wounds detach sloughs, and are repaired by the modelling process without suppuration, at the same time presenting the most excellent cicatrix." *

The results thus obtained seem to demonstrate that the processes by which such results are obtained, are salutary, and

* On the Natural History and Simple Treatment of Wounds.

CHAP. XIII. that the symptoms, manifested during the reparation, are so many salutary processes set up by nature. It is hence inferred that the symptoms presented in a disease are nothing but salutary efforts set up in a similar way by the living, but diseased machine. Those who argue in this way confound two things that are distinct, namely, a part *injured* and a part *diseased*. A part injured is not of necessity a part diseased: in fact, injuries generally affect persons in health. But when an injury affects a person who is diseased, and more especially when the part injured is diseased, this restorative operation of the parts does not take place, but, instead of healing, suppuration and often gangrene set in.

It is not wonderful that the author of the paper already quoted, being unacquainted with medicine, should have made the mistake; but it is wonderful that, so far as the writer's knowledge extends, no medical writer had ever put forth this distinction, connected with the action of nature as a restorative power, between an injured healthy part and a diseased part; for the whole force of the argument of the salutariness is founded upon the non-existence of any difference between these two states; whereas the argument has its whole force completely removed by the essential difference between a diseased and a merely injured part.

This distinction between an *injured* part and a *diseased* part affords an opportunity to meet an argument often urged in favour of allopathy; this argument is founded upon the facts, that, when cold, man is led instinctively to warm himself; when warm, to cool himself; when thirsty, to drink. These facts have been urged to justify the treatment of disease by contraries. But these facts have relation to modifications of the bodily state of a *healthy* man—they are not diseased states at all; whereas, when a man has a frozen nose, that is, when the cold has produced such a series of changes that the healthy condition is altered, if he were to treat it allopathically, by applying warmth, he would lose his nose by mortification.

It may be difficult sometimes to decide where the limit of change is reached; but of this no doubt can be entertained, that, in the cases referred to as justificatory of allopathy, the conditions are those not of a diseased part.

In fact, these opponents of homœopathy deny, by their practice, that nature does it all. Do they leave diseases to nature? Would they feel justified, either in their own consciences or at the bar of public opinion, to leave an attack of brain fever, of croup, of inflammation of the lungs, of inflammation of the bowels, to pursue its course without medical means? But if they would not, why would they not, if nature does it all?

Dr. Forbes has made the following statement:—

“It is well known that a large proportion of the more scientific physicians of all ages have, *in their old age*, abandoned much of the energetic and perturbing medication of their early practice, and trusted greatly to the remedial powers of nature. The saying of a highly respected and very learned physician of Edinburgh, still living at a very advanced age, very happily illustrates this point. On some one boasting before him, of the marvellous cures wrought by the small doses of the homœopaths, he said, ‘This was no peculiar cause for boasting, as he himself had, for the last two years, been curing his patients with even less—viz., with nothing at all!’”

But it is to be doubted whether Dr. Forbes, or any one else, follows the practice of doing nothing—adopts this penance of giving no medicine—a penance forced upon this aged medical sinner, by the remorse connected with having so over-drugged, so over-medicated his patients, in the greater part of his medical career.

If, then, these objectors do not recognize in practice the force of their own objections against homœopathic cures, namely, that nature does it all, what right have they to urge this as an explanation of the cures effected under the homœopathic system of treatment?

CHAPTER XIV.

Objection, Homœopathy will not do in ACUTE cases.—Testimony of Dr. Forbes, of Mr. Wilde.—Results of the treatment of cholera.—Absurdity of the objection.—Abuse of homœopathy.—Objection, No science in homœopathy.—Objection, Failing in the old system practice homœopathy is embraced.

CHAP. XIV. Another objection against homœopathy is, *That it may do well in CHRONIC cases, but in ACUTE cases it is solemn trifling.*

This objection is founded only on conceit. It grows out of an unenlightened self-esteem. It rests entirely upon the complacently assumed syllogism—

Acute diseases require medicines to be given in large doses: In homœopathic treatment, medicines are given in infinitesimal doses: Therefore homœopathic treatment cannot cure acute diseases. In this syllogism the main proposition is assumed, and yet how numerous are the parties, who think themselves shrewd philosophers when they put forth this assumption as a reality.

These utterers are men of no mental training; they are men who have not recognized the majesty of facts. The select men of the profession are less conceited. Dr. Forbes writes thus:—

“The tables of Dr. Fleischmann, physician to the homœopathic hospital at Vienna, substantiate this momentous fact, that all our ordinary curable diseases are cured in a fair proportion under the homœopathic treatment. Not merely do we see thus cured all the lighter diseases, whether acute or chronic, which most men know to be readily susceptible of cure under every variety of treatment, and under no treatment at all; but even all the severer and more dangerous diseases, which most physicians,

of whatever school, have been accustomed to consider as not only CHAP. XIV. needing the interposition of art to assist nature in bringing them to a favourable and speedy termination, but demanding the employment of prompt and strong measures, to prevent a fatal issue in a considerable proportion of cases. No candid physician, looking at Dr. Fleischmann's report, will hesitate to acknowledge that the results there set forth would have been considered by him as satisfactory, if they had occurred in his own practice. The amount of deaths in the fevers and eruptive diseases is *certainly below the ordinary proportion.* * * * In all such cases, however, experienced physicians have been long aware that the results as to mortality are nearly the same under all varieties of allopathic treatment. It would not surprise them, therefore, that a treatment like that of homœopathy, *which they regard as perfectly negative*, should be FULLY AS SUCCESSFUL AS THEIR OWN. But the results presented to us in the severer internal inflammations are certainly not such as most practical physicians would have expected to be obtained, under the exclusive administration of medicine, in a thousandth, a millionth, or a billionth part of a grain."

In addition to this testimony of Dr. Forbes is the testimony of another, who had seen the homœopathic hospital at Vienna.

Mr. Wilde thus writes, in his work entitled, "Austria, its Literary, Scientific, and Medical Institutions, and Guide to the Hospitals and Sanatory Establishments of Vienna :"—

"And although I neither advocate that doctrine [homœopathy], nor slander its supporters, I deem it but the part of truth and justice to lay the following statement before my readers. One of the cleanest and best regulated hospitals in the town is managed on the homœopathic plan. The following circumstances led to its erection :—The rapid spread of this mode of treatment in Austria, and the patronage it received from many noble and influential individuals in that country, attracted the attention of the government in that country several years ago, who, with their characteristic jealousy of innovation, then issued an order forbidding it to be practised. As, however, this had not the effect of suppressing it, but as it seemed rather to gain strength from the legal disabilities under which it thus laboured, it was determined in 1828, to test its efficacy in the military hospital of the

CHAP. XIV. Josephinum. With this view, a commission was nominated, consisting of twelve professors, all of whom, it is but fair to observe, were strenuously opposed to the homœopathie doctrine. Dr. Marrenzeller, a veteran homœopathist, and a contemporary of Hahnemann, was appointed as the physician, and two members of the commission always attended him during his visit, and at the expiration of every ten days, reported the progress of the cases under his charge. The only part of the report published is that of Drs. Jager and Zang. It contains a very brief outline of the cases and their treatment, and expresses the surprise of these eminent professors at the happy issue of some of them. The commission, however, as a body, came to the conclusion, that from results obtained from their investigations, it was impossible to declare either for or against homœopathy. One of the twelve, however, subsequently stated his conviction of the efficacy of the system from these trials, and has since remained an open adherent of it."—P. 271. Mr. Wilde adds—

"Whatever the opponents of this system may put forward against it, I am bound to say, and I am far from being a homœopathie practitioner, that the cases I saw treated by it in the Vienna hospital were fully as acute and virulent as those which have come under my observation elsewhere; and the statistics show that the mortality is much less than in the other hospitals of that city. Knoly, the Austrian *protomedicus*, has published those for 1838, which exhibit a mortality of but five or six per cent.; while three similar institutions on the allopathic plan, enumerated before it in the same tables, show a mortality as high as from eight to ten per cent."—P. 277.

The best means of testing a system of medical treatment is that afforded by the existence of an epidemic disease of marked character and highly destructive in its effects. Such a disease has been presented twice to the European world in the course of the last fifteen years; it is Asiatic cholera.

Dr. Quin has published, in a treatise on Asiatic cholera, the results of the allopathic and homœopathic treatment of a given number of patients. In reference to the homœopathic treatment of 1073 patients attacked, 998 were cured, and 95 died. This large number shows the efficacy of homœopathie treatment in an acute disease like cholera.

From the magistrates of Tichnowitz, where Dr. Quin treated the cholera, the following return has been obtained :—

	Patients.	Cured.	Died.
Inhabitants 6671.....	680	540	140
Treated allopathically.....	331	229	102
Treated homœopathically	278	251	27
Treated with camphor	71	60	11
	<hr/> 680	<hr/> 540	<hr/> 140

The facts in connexion with this subject are exhibited more fully in the following tabular statement :*—

Cholera patients treated at Wishney Wolotschoek in Russia :—

	No. of Patients.	Cured.	Died.	Proportion of Deaths.
Treated in the ordinary manner.....	93	24	69	1 in $1\frac{1}{4}$
Treated homœopathically	109	86	23	1 in $4\frac{1}{2}$
Left to nature or to their own caprices.....	49	16	33	1 in $1\frac{1}{2}$

Cholera patients treated at Raab in Hungary :—

Treated in the ordinary manner.....	1501	861	640	1 in $2\frac{1}{4}$
Treated homœopathically	154	148	6	1 in 25

Cholera patients in Vienna :—

Treated in the ordinary manner	4500	3140	1360	30 per cent.
Treated homœopathically	581	532	49	$8\frac{1}{2}$ per cent.

Cholera patients in the hospital of Bordeaux :—

Treated in the ordinary manner.....	104	32	72	69 per cent.
Treated homœopathically	31	25	6	19 per cent.

The fruits of an experience on a far more extended scale than that presented by Dr. Quin, has been afforded during the present prevalence of the epidemic. In Great Britain the success of the homœopathic treatment has been marked. In Cincinnati and New York the homœopathic physicians have established the power of homœopathic treatment in this disease.† And no doubt exists that when the facts in connexion with the treatment of cholera are collected, the evidence in favour of homœopathy will indeed be strong.

* Extracted from the *Journal of Health and Disease and Monthly Journal of Homœopathy*, vol. III., p. 145.

† For further particulars, see the *Journal of Health and Disease and Monthly Journal of Homœopathy*, vol. V., p. 111.

CHAP. XIV. This doctrine of incurability of acute diseases is daily overturned by the results of experience. Indeed, the existence of homœopathic practitioners sufficiently establishes this. A homœopathic practitioner could not, as such, exist any length of time, unless his means were powerful for the cure of acute diseases: at least, to suppose otherwise, would be to suppose an improbability. It would be to suppose that homœopathists have such a peculiar power, inherent in them, that none of the families they attend are ever subject to acute disease; it would be to suppose, that the very fact of having a homœopathic practitioner as the medical guide of a family, is quite sufficient to drive acute diseases from the doors. If this were the case, it would be well worth attention, whether it would not be a matter of good policy to have a homœopathic practitioner, merely for the purpose of warding off acute attacks. This magical power must be possessed, or else, the practice of families must be to have two practitioners, a homœopathic for chronic diseases, and an allopathic for acute diseases. Is it so? The allopathist knows too well that this is not the case.

In fact, if homœopathists had the vindictiveness of their opponents, they could bring numberless cases of acute diseases, where the allopathic practitioner's services have been dispensed with as being destructive, and the homœopathic practitioner having been called in, lives have been saved which had been deemed lost.

They could bring forward cases, where, from fear of offending an old friend, an allopathic practitioner, the patients have had his visit, have received his medicines, have thrown them away, and seeking the advice of a homœopathic practitioner, took the homœopathic medicine; have been benefitted; the benefits have been noted by the allopathist as gratifying results of his treatment, whereas the treatment has not been his at all, and the patients have had the painful, but humiliating conviction, that the benefit resulted from that which he would, if asked his opinion, denounce as a fraud, as an absurdity, as a delusion.*

* The writer has collected an immense mass of such cases. There is hardly an allopathic practitioner of any standing in London, but cases can, if need be, be brought forward, which either were deemed incurable, or were getting so much

Driven from all these points of attack, the enemies to homœopathy begin, as people generally do, when reason refuses to acknowledge them, to abuse, to call names, to misstate facts.

They cry out, "*Oh, there is no science in homœopathy.*" "*It is,*" says Dr. McNaughten, "*a system of physic made easy to the meanest capacity.*" Well, if it were, surely that would be no great evil to society. It is no objection to the dignity of mathematical and astronomical sciences, that the common sailor is able, by the aid of the tables, which these sciences have presented to him, to find out the geographical position of his vessel, and steer it accordingly.

Homœopathy, however, is not the easy practice represented. It is a certain, a sure practice; but, to obtain its certainty, requires great skill, most extensive and minute knowledge.

To cure a disease, two things are required; the first is, a perfect picture of the disease: nothing ought to be left out: considerable mental power is required to take in all the facts, to classify them in their several relationships, and according to their individual importance. The second is to obtain a remedy that, in its pathogenetic* effects, presents a similar picture. Here a vast extent of knowledge is required. Indeed, any one who practises homœopathy knows that each complicated disease is a complex problem to be solved, and is so difficult, that only the great satisfaction connected with the high exercise of mind in grappling with a difficulty, and the reward, the result of such grappling—namely, certainty—could afford sufficient inducement to persevere in mastering its details.

But is not allopathy physic made easy to the meanest capacity? Do not chemists prescribe every day? Any man, who has capital enough to dissolve some blue vitriol in a glass bottle,

worse as to call for other assistance, which have been treated homœopathically with success. The writer attends the sisters of a surgeon who is deemed eminent, and he attends the family of a married sister of a physician, who is physician to one of the metropolitan hospitals; and yet such is the vindictiveness of these two parties against homœopathists, that the patients are forced to seek homœopathic aid without the knowledge of these professional relatives. He has prescribed lately for a servant, as a gratuitous patient, of the most scientific physician in London.

* Pathogenetic is used as indicative of the effects, produced by a medicine, taken by a healthy person, upon that person.

CHAP. XIV. which he puts in his window, and to obtain some blue pill, salts, tincture of rhubarb, and a few other articles, begins to prescribe for the diseased. Are not quacks found who practise allopathy; and do not uneducated quacks succeed where the educated fail? Is not the public press filled with the professed remedies of every disease, to which the human body is subject? Did not this occur before homœopathy was heard of? How could these uneducated men get a footing, unless there were so much facility and uncertainty in allopathy, thus affording such abundant ground for daring attempts, that it is physic made easy to these ignorant fools, to these audacious scoundrels?

Finding this objection fail, the enemies of homœopathy say, OH, THE HOMŒOPATHISTS ARE CHEATS. They take patients when we have cured them: though the stupid people think they are worse than when they came under our care, and leave us because they think so: then they go to the homœopathist, and he gives them medicine, and, because they get well, they say that the homœopathic medicines cured them: whereas we were they who effected the cure: but the people are so ignorant: they are blind, they cannot see.

Such manifestation of unfairness is not unusual. Men generally do not like to find a man putting a machine in order, in the attempt to do which they had failed. *I cannot do it, therefore none can*, is the natural dictum of selfish conceit: and such things will be uttered as long as selfish conceit exists: at least, until people are so enlightened that the ignorance of such talkers is seen to be self-conceit; and then they will have to live on their self-conceit, until the loss of their occupation humbles them to become the disciples of truth. This condition, as likely to occur with such objectors, reminds of an objection urged by some, that persons *who have failed of success in connexion with the allopathic system, have recourse to homœopathy*.

Even allowing this, for the sake of meeting the objection, were the case, it does not imply that the homœopathic truth is any less a truth. It does not follow, because Watt did not succeed in his first experiments in the application of steam, that his after applications were not effectual. It does not follow, because Newton's first calculations were not correct, that his after calcu-

lations, which demonstrated the law of gravitation, were incor- CHAP. XIV.
rect. Indeed, the unsuccessfulness may be regarded as the source of the successfulness. The unsuccessfulness is peculiarly the source of this success in connexion with men of strong minds; weak minds, in despair, would have given up the further examination and further efforts. The strong-minded are urged by the very unsuccessfulness to more strenuous efforts; they investigate the cause of their unsuccessfulness, and thus, guided by the detection of the source of fallacy, they are led, in the subsequent investigation, into the right channel.

The users of this argument are generally persons, whose skill would never give them a place in the profession, but whose want of skill is made up by family and pecuniary influence, and they look with envy on any one, who, practising another system, succeeds better even than they do, although unaided by the appliances which the objectors possess.

CHAPTER XV.

Objection, Homœopathy has been tried and found wanting.—Dr. Bally's statements.—Drs. Simon and Curie's statements.—Dr. Andral's refusal to examine a cure.—The proceedings of the Parisian Academy of Medicine.—Objection that homœopathy came from Germany.

CHAP. XV. But, say they, HOMŒOPATHY HAS BEEN TRIED AND FOUND WANTING.

It was tried, say they, in Paris, in Russia, and it failed.

Yes, it has been tried and found wanting by those who *wanted to find it wanting*, and who themselves wanted the necessary knowledge to be able to ascertain whether its wanting was real or not.

In 1834, the Homœopathie Society of Paris memorialized the Minister of Public Instruction to legalize their constitution, to give them authority to found dispensaries, and to give gratuitous medicines and advice to the poor, and also to found an hospital as soon as they had funds sufficient.

The minister referred the matter to the Academy of Medicine, which appointed a commission to inquire into the claims of homœopathy.

The Academy condemned the doctrine of Hahnemann, reporting that they did not think it proper to recommend the minister to allow homœopathie dispensaries to be established.

The decision of the committee was founded on the reports of Dr. Bally and of Dr. Andral (junior). Dr. Bally maintained that no success attended the homœopathic treatment.

Dr. Bally, at the Hotel Dieu, had assigned some patients to Dr. Simon and Dr. Curie, of whom the latter (a member of the English Homœopathic Association) is now practising homœopathy with great success in this metropolis.

In regard to these patients, it is to be remembered, that they were assigned by an opponent. Drs. Simon and Curie were not allowed to select their own patients; and the patients assigned were so diseased, that Drs. Simon and Curie sent a letter to Dr. Bally, stating that they were almost all incurable, and that, unless they had a more fair selection, they must decline to continue the treatment.

Why take such cases? it may be asked. The zeal of these gentlemen misled them. They considered it also a great step gained to have an opportunity of practising in the largest hospital in Paris: they hoped that their communication might obtain for them pupils of a different class: and they felt, that even with the worst, something might be done.

Dr. Bally did not, however, present them with better cases: he was busy at the time, experimenting on the virtues of kreosote, and kept all the favourable patients to himself.

Dr. Bally made his report to the Academy, that Drs. Simon and Curie cured only two patients.—(Appendix, “Homœopathy and its Progress.”)

This was not a fair report: for, though two patients only were cured, others, deemed *incurable*, had their cases so much *relieved*, that the patients left the hospital at their own request.

The record of all the cases was kept in *Dr. Bally's note book*: Dr. Bally was requested to give a copy of the cases from his note book, so that the *whole* of the facts might be published; but, strange to say, “*the note book has been mislaid.*”

In addition to this, it is asserted that Dr. Andral tried several experiments with homœopathic medicines and did not find any results. Dr. Andral did try his experiments, and read a paper regarding the same to the Academy of Medicine; the paper itself demonstrates that Andral was so far ignorant of the effects of the medicine, and of the method by which the application of these medicines in disease is regulated, that it is perfectly certain that no effects could have resulted. Dr. Andral did not wish

CHAP. XV. to be convinced, as the following facts demonstrate: they are recorded by Dr. Hoffman.*

“ During the month of February 1835, I was called out to No. 22, Contresearpe-Saint-Marcel, to attend professionally a young man named Ferrand, private secretary of M. Delamarre-Martin-Didier, the banker. This patient, attacked six weeks before with typhus fever, was now in the last stage of the malady, and M. Andral, who had treated him, in conjunction with M. Roequet, had declared the very morning of that day when I was called upon, that M. Ferrand could not last the day out. At the door I met the abbot Hanicle, vicar of the Abbaye St-Germain-des-Prés: he came to give the extreme unction, and told me I was too late, and nothing more was to be done! Notwithstanding these melancholy prognostics, I undertook the case, and in a few days the patient was upon his feet. M. Roequet, who had asked permission to watch my mode of treatment of the case, took care to inform M. Andral immediately of all that took place. The patient took absolutely nothing but homœopathic globules, and the cure was unlooked for.

“ While I was treating this case of typhoid fever which had been given up, M. Andral was preparing his observations concerning the same for the members of the Academy: it was necessary some one should testify that he had experimented sufficiently, and he himself undertook to do so. Eight days before the first meeting of the Academy, which was to report against us, my restored patient paid a visit to M. Andral, to thank him for his kind attentions; for if he had not succeeded better, it was not for want of zeal. The sight of this apparition, saved from the other world by homœopathy, was not very agreeable to the complaisant practitioner, who, instead of examining and interrogating him, with a view of convincing himself by ocular demonstration of the truth of statements which had been made to him daily by M. Roequet, hurried off the grateful patient as he would banish a fit of remorse of conscience, jus-

* *L'Homœopathie Exposée aux gens du Monde, défendue et vengée, par le Docteur Achille Hoffman. Quatrième édition, Paris 1842.*

tifying his strange conduct on the ground of numberless occu- CHAP. XV.
pations: he would not even bestow upon him the look of
curiosity.

“Scarcely had a week elapsed when M. Andral* delivered his lecture to the Academy: his task was performed; he had promised it, it was looked forward to with impatience: he could not think of leaving his brethren in a state of embarrassment.”

In reference to another objection that the French Academy decided against homœopathy, Dr. Hoffinan adds—

“Those who have not read the account given of the three sittings of the Academy, the date of which I have furnished, will perhaps imagine that the assembly en masse formally decided against homœopathy, and that it took part in the discussion which formed the foundation of the celebrated report. Such was not the fact. Some inferior spirits alone compromised themselves in this miserable affair, in which the heads of the Academy took care not to mix themselves. In fact, Racomier, Dupuytren, Fouquier, Roux, Chomel, Velpeau, Lisfranc, Broussais, Marjôlin, Auvity, Amussat, Rostan, Blandin, Baudelocque, Ségalas, &c. &c. &c. were mute during all the time of the debates. These distinguished practitioners seemed to have foreseen the brilliant future career of homœopathy: they knew not enough of it to undertake its defence openly, but at least they wished to have the liberty of counselling the employment of the new system in certain very serious cases, which generally resist the resources of the old method; and this several of them do not hesitate to do when occasion offers. Is not this honorable conduct in reality a means to bring about the disgrace of that ignoble report, which the major part of the academicians have tacitly blamed, and against which three of the most respectable members of the assembly raised their voices, MM. Husson, Itard, and Pariset, who most energetically reprobated the vicious conduct which was being pursued in the discussion?”

In regard to its having failed in Russia, the fact stands now

* It is to be remembered that this M. Andral is Andral the son, and not the father.

CHAP. XV. established, that, in Russia, homœopathy is in the ascendant among the educated.*

But objections have no end. So have the objections against homœopathy.

What is the last argument used in a bad cause? What is the last appeal that selfishness, combined with cunning, makes to prejudice, when she finds that truth is making way against her? What is the great argument, which has been used to justify war and all its iniquities? What but this? "*It comes from abroad. They are foreigners.*"

The argument, if argument such monstrous dust-throwing can be called, has been used against homœopathy. It has been said against homœopathy, "*It comes from Germany.*" It comes from that land of mysticism, the land of the indefinite, of the transcendental, the abstract.

It came from Germany, did it? So did that art by which man has advanced in freedom, in truth, in science, in moral excellence; that art by which we can sit and hold converse with the mighty dead:

"Sages of ancient times, as gods revered,
As gods beneficent that blessed mankind,
With arts, and arms, and humanized the world."

The art of PRINTING first became a practical utility in Germany.

And that other, almost ærial form, in which thought is clothed, a form, in which the harmony of thought, angelic in its nature, clothes itself in the vestiture of sounds' sweet harmony, MUSIC, has had some of the most exquisite of her folded vestments from Germany. Handel, Haydn, Mozart, Beethoven, Weber, and many others, whose works, entwined, form that lustrous and universally admired web, enclosing thousands in one band of extatic delight, were of Germany.

Divine POESY, the music of the mind and of language combined, has honoured Germany with her attentions. Britain may

* Additional facts in connexion will be found in the Appendix. See "*Homœopathy and its Progress.*"

rejoice in her Shakspeare and Milton, but Germany can equally CHAP. XV.
rejoice in her Schiller and her Goethe.

Turn to SCIENCE, where are men, who have thrown light upon the dead languages, and upon the Hebrew, the language of the Bible, to be met with superior to the Germans? Who have been the best annotators on the ancient classics? The Germans. Who is the best Hebrew grammarian at the present day? Who but Gessenius? Even to him John Bellamy, the translator of the Bible, whom Gessenius felt it his duty, when in this country, to visit, gives the palm for Hebrew scholarship.

Turn to PHYSIOLOGY, whose works stand highest, as school-books in our universities? Blumenbach, Muller, Soemmering, Wagner: all Germans.

Turn to almost any part of science, and German genius is found to have poured a flood of light and of truth upon the same.

And to those, not a few, who glory in the REFORMATION, the question occurs, Where did Luther come from?

In fine, Germany has, of late years, given the world the true science of mind by her Gall and Spurzheim; the investigators of mind, who first followed out the correct mode of investigation in reference thereto, and who by the discoveries, consequent upon the adoption of this right mode, have been indirectly the founders of the principal improvements, which have been effected in education, criminal legislation, and prison discipline.

Talk not then of disparaging homœopathy, because a German cradle received, and a German maternal breast suckled, and a German academy protected, and a German university gave title to, the immortal Hahnemann.

Science knows no country: she, like Christianity, considers all men brethren; and, in the republic of letters, every citizen, who has the badge of the love of science, is admitted by all true lovers of science, as a brother and as a friend.

Though the objections against homœopathy can thus be demonstrated as not valid, though her enemies can thus be met and conquered, nevertheless, opposition must be expected.

CHAPTER XVI.

The virulence of the opposition to homœopathy.—Coroners' inquests.—The opposition by the editor of the Lancet: its vulgarity, its immorality.—The Dublin medical press.—The Medical Gazette.—The Medico Chirurgical Review.—The Manchester Medico-Ethical Association.

CHAP. XVI. The most virulent manifestations of professional hatred to homœopathy have been made.

Mr. Baron Platt, in summing up in a trial of Mr. Diekenson, a surgeon, for manslaughter, a trial instigated by a Mr. Best ! another surgeon, (such is the effect of rivalry between allopathists themselves,) after denouncing the charge of gross ignorance against the gentleman on trial, and after having added that it is very likely that it was the conduct of Mr. Best to the patient that caused her death, remarked, that “the promulgation of the doctrine that medical men are *criminally responsible* for following the dictates of their matured judgment, might have the effect of preventing surgeons and others from acting with that *confidence and boldness under peculiar circumstances*, to which the preservation of life and limb is often due.*

Such was the clear-headed view of a judge. But medical men and medical coroners do not feel in this way. They think it to be an excellent method to endeavour to make homœopaths criminally responsible ; the vulgar and the proud among the allopathists would like, in every case of death under homœ-

* *Journal of Health and Disease and Monthly Journal of Homœopathy*, p. 407, vol. I.

opathic treatment, (though at the very same time patients are dying of the same disease under their allopathic treatment,) to have a coroner's inquest. CHAP. XVI.

They have tried to get up coroner's inquests, and in some cases they have succeeded in gratifying their malevolence of disposition.

The first coroner's inquest which took place in this country in connexion with homœopathy had relation to a gratuitous patient of Dr. Epps, of London; a second took place in connexion with a patient of Dr. Curie, of London; a third, in connexion with a patient of Mr. Norton, of Birkenhead; a fourth, in connexion with a patient of Mr. Blake, of Taunton; and a fifth, in connexion with a patient of Mr. Pearce, of London.

Every reason exists that all these inquests were induced and given tone to by the suggestion of medical men, members of an honourable profession! *

“A man is known by his friends,” is an axiom all recognize. The medical periodicals that are said to have the largest circulation, must owe this largeness of circulation to the fact that the medical profession give them support. From these periodicals, therefore, may be fairly drawn the state of mind of the medical profession in reference to homœopathy and homœopathists.

The *Lancet* stands pre-eminent. It asserts itself to be the most extensively circulated medical journal. From its pages the nature of the opposition against homœopathy may be drawn.

To begin with the year 1843.

In an examination of the different systems of practice, then forcing themselves on the public attention, the following remarks occur:—

“Next, glance at *homœopathy*. This is at present the most widely spread of medical delusions; and that because it envelops in its mystifications two very important general truths in medicine, and one emphatic precept, chiefly applicable to British practice. First, it is perfectly clear to common sense, that to give a man the six-millionth of a grain of any substance, however active, is practically equivalent to giving him nothing. Homœo-

* For particulars see Appendix, “Coroners' Inquests and Homœopathy.”

CHAP. XVI. pathy, then, justly interpreted, becomes synonymous with *expectant medicine*.”—*Lancet*, Feb. 4, 1843.

This compliment paid to homœopathy as being a medical delusion, and this characteristic of it as being “synonymous with expectant medicine,” are not true; but still the compliment and the characterization are not stained with vulgarity.

The next notice of homœopathy has reference to Mr. Newman, a surgeon to a poor law union at Glastonbury. He treated all his patients homœopathically and with great success. Opposition was roused against him: the poor law commissioners were applied to; the opinion of the College of Physicians was obtained. The guardians of the poor of the union in question supported Mr. Newman; the poor petitioned to be allowed to remain under Mr. Newman’s care; Mr. Newman, like a noble-minded man, would not resign, but the poor law commissioners dismissed him; and Mr. Newman appealed to the British public. In reference to Mr. Newman’s conduct, the editor of the *Lancet* thus remarks:—

“Mr. Newman declined to retire, voluntarily, from his office of surgeon to the union; the commissioners, therefore, executed their threat to remove him according to law. Mr. Newman seems to be a very enthusiastic and conscientious disciple of the little-pill school, and makes great remonstrance against the proceeding of the commissioners, as though they had acted unfairly towards him. He wholly forgets that surgeons are appointed in unions, under the law, expressly to practise *medicine* on behalf of the sick poor, and that Hahnemannism is not “medicine.” If the contract tailor persisted in making cloth shoes for the men, or the union Crispin refused to employ his awl in manufacturing any other than leather breeches for the women, the anomaly could not be greater, or supported with better reason.”—*Lancet*, Nov. 25, 1843.

The puerility exhibited in designating the homœopathic system of treatment as the “little pill school,” and the assertion that “Hahnemannism is not medicine,” though expressing untruths, and though vulgar, are not marked with gross vulgarity: as yet the editor of the *Lancet* walked tenderly.

But homœopathy continued, in spite of all these sneers, to spread. The *Lancet* editor, quite a Don Quixote, puts forth

his determination to be the knight-errant to put down quackery; CHAP. XVI. and something strong was required to effect this—not strong sense, not strong language, but abusive. The *Lancet* begins to show its peculiar character.

In reference to the rational appeal of homœopathists, that homœopathy must be tried by its *practical* results, the editor of the *Lancet* writes :—

“The statement that homœopathy must be tried on its practical results, has been repeated again and again, *ad nauseam*. The experience of every day life, however, contradicts so manifestly the importance attached to the infinitesimal doses, as to render further researches on the subject unnecessary. We have long been satisfied, from the published cases which have come under our notice, that homœopathic medicines exert no influence on the economy. True, these observations were not commenced with a lively faith in such medicines, but our experience has, nevertheless, been extensive.* The result is, that while, on the one hand, we have never witnessed an instance of so-called cure that could not be explained on rational grounds, on the other, we have seen irretrievable mischief occasioned by a course of homœopathic medicines, from the unchecked advance of organic disease. This more especially in uterine diseases.”—*Lancet*, Sept. 27, 1845.

In fact, it is of no use, according to this editor, to test the homœopathic system by experience; he goes even farther, and maintains that the tenets of homœopathy are not even to be discussed :—

“The tenets of homœopathy are so wildly extravagant, so preposterously incongruous, that it is impossible to believe that any really *sane professional* man could adopt them. Never, certainly, have ideas flitted through the brain of an inhabitant of Bedlam or Hanwell, more egregiously absurd or contradictory than those which Hahnemann has given to his followers and admirers. It is really *an insult to reason* even to discuss them.”—*Lancet*, March 28, 1846.

* Surely the editor might have favoured his readers with the results of his experience. It is well known that the editor of the *Lancet* has no medical experience. He has not had an opportunity to practise medicine for years.

CHAP. XVI. The next step in the *Lancet's* mind, wherein the conviction exists, that homœopathy is not to be tested by experiment and not to be examined by reason, was of necessity to denounce its advocates :—

In the *Lancet* of March 7, 1846, the editor introduces thus to notice the homœopath :—“The mysterious importance with which the more than quackish, or half-cracked followers of Hahnemann invest this disease—following, in this respect, the erratic footsteps of their visionary master.”

“Quackish,” “half-cracked,” are modest charges.

The next step, as these homœopathists persevered contrary to the commands of the editor of the *Lancet*, was to create an intense emotion of wrath in the editorial mind.

It appears that Mr. P. Stuart, of Liverpool, having a ship going to Africa, wished to have a homœopathic surgeon. The following advertisement was inserted in the papers, the editor of the *Lancet* quoting and appending to it the subjoined note :—

“HOMŒOPATHIC SURGEONS.

To the Editor of *The Lancet*.

“Sir,—The enclosed I have sent you, being an advertisement published in a Liverpool newspaper. I could hardly believe my sight. What ! are poor sailors to be entrusted, when labouring under African dysentery and African fever, to homœopathic treatment ?—Your obedient servant, A CONSTANT READER.

Jan. 3, 1846.

“WANTED, a SURGEON, for Africa ; one having a knowledge of homœopathy would be preferred.

“* * * We purposely omit the name of the referee of the advertiser, as we could not in any way encourage such quackery and brutality.—ED. L.”—*Lancet*, Jan. 10, 1846.

In this homœopathy gains an additional attribute, “brutality.” But the allopathic indignation of the *Lancet's* editor still rises ; he proceeds :—

“The following impudent advertisement is going ‘the round.’ The homœopathists may advertise for resident attendants in their receptacles ; but it is an imposition for these people to talk of ‘hospital’ and ‘medical officer,’ and to require that the man who may be able gravely to superintend the administration of their globules shall possess ‘testimonials of qualification,’ and

produce a ‘*diploma* or certificate as a member or licentiate of a CHAP.XVI.
British medical college or corporation.’

“ ‘LONDON HOMŒOPATHIC HOSPITAL, (founded by the English Homœopathic Association,) No. 17, Hanover Square.—President, The Rt. Hon. Lord Robert Grosvenor, M.P. Wanted, a Resident Medical Officer for the above Institution. The salary to be £75 per annum, with apartments. Testimonials of qualification (together with the Candidate’s diploma or Certificate as a Member or Licentiate of a British Medical College or Corporation) to be forwarded to the Hon. Secretary of the Association, 17, Hanover Square. By order of the Committee,

“ ‘ R. W. H., Hon. Sec.,’

“ We should like to know the real use of a testimonial, or of a regular diploma, in the candidate for this domestic post. Is the possession of a ‘diploma’ any guarantee that the possessor knows anything of the homœopathic faree, or that he had spent years in the prosecution of infinitesimal divisions; would it be, in fact, a proof of anything excepting that the party applying for the situation was a renegade from his true and lawful profession. Why did not its concoctors act boldly in their dishonesty, and say at once, ‘We offer seventy-five pounds per annum, with apartments, to any young man who will become a renegade for that amount and privilege, and we insist upon a qualification, that the advertisement may give us some semblance of scientific conduct in the eyes of the public.’ ”—*Lancet*, Nov. 7, 1846.

Here a homœopathic hospital gains the lugubrious appellation of a “receptacle;” the practice is a “farce;” the medical officer, a “renegade from his true and lawful profession;” and the gentlemen, who seek to benefit the public by obtaining a medical officer’s aid, are men who dwell in “dishonesty.”

Homœopathy, like Galileo said the earth did, still moves on. The *Lancet* cannot let out its life. The *Lancet*’s editor’s ire still further strengthens. Referring to a proposal, on the part of Dr. Forbes and others, to let diseases alone, and see what nature will do in the cure, the following remarks were poured forth:—

“ The medical profession has been asked recently to make a few millions of experiments on the sick entrusted to their care,

CHAP. XVI. for the purpose of obtaining a 'natural history of diseases:' we have been asked to look for a while upon our hospitals as museums, upon the sick beds as cabinets, and upon our patients as specimens, to be studied and analyzed instead of treated and relieved; and the profession has felt indignant at their proposal. If it depend upon medical men, there never can and there never will be a natural history of diseases, for there never will be found amongst us men dishonest enough to allow disease to run on its 'natural' and destructive course, so as to trace its 'natural history.' Nor will mankind ever derive from us, as a body,—however treacherous individual members may be,—the opposite benefit of learning how much, and on what statistical numbers, the human frame can endure violence and rash experiment. Our profession, as a body, is equally incapable of a base and deceptive inactivity, or of a system of reckless experiment. As well might our anatomists be asked to return to the ancient barbarity of dissecting criminals alive, to learn the structure and functions of the animal body; or our toxicologists, to perform the experiments of poisoning upon those entrusted to their care as patients. No: these things, or their analogous crimes, are left to Hahnemann, Preissnitz, and Mesmer, and their followers, duping and duped."—*Lancet*, Nov. 28, 1846.

So that Hahnemann and his followers are designated as criminals, as men duping others. How regular the ascent in the scale of abuse: "quackish," "half-cracked," "brutal," "renegade," "dishonest," "criminals," "dupers."

At length the ire of the writer extends itself into the limits of libel. After referring to hydropathy, the editor of the *Lancet* adds:—

"But it has a fellow-fraud, and that imposture comes as a proper pendant to the other: we allude to homœopathy."—*Lancet*, 1843, vol. II., p. 314.

To prevent any mistakes as to his meaning, the editor repeats:

"Homœopathicity, as they affectedly term it, is surely but another name for duplicity in all its partisans, whether of high or low degree."—*Lancet*, Nov. 28, 1846.

Can the abuser ascend to a higher degree of vilifying? *He* can. After referring to a high testimony given by Dr. Forbes to Hahnemann, this writer adds:—

“So far from echoing this, we should have given Hahnemann the choice of being KNAVE, FOOL, or MADMAN, and would say *the same to his followers.*”—*Lancet*, March 28, 1846. CHAP. XVI.

Such, then, is the literature that the medical profession patronize !

It may be added here, that this writer is not alone in his estimate of the character of Hahnemann and of homœopathists.

The *Dublin Medical Press*, a work of some circulation, and in some favour with the profession, asserts, that “any man who turns homœopathist takes his place at once as a liar, a cheat, and a swindler.”

Holding such views, and petted by the writer in the *Dublin Medical Press*, (who, it is charitable to infer, was under the stimulating influence of intoxicating liquors when he wrote the above,) it can be understood that the editor of the *Lancet* would be glad to establish a medical Coventry, to create a medical inquisition for homœopathists, though these are members of the same profession as himself. He has attempted to realize both.

Professor Henderson, a professor in the University of Edinburgh, embraced homœopathy. In reference to him, the following is the suggestion of this great boaster of the rights of man, of the perfect freedom of thought :—

“How men like Drs. Alison, Christison, Simpson, Syme, &c., get on with such a colleague, we cannot conceive. One thing at least is certain, that unless speedy means be taken to expel the homœopath, the University of Edinburgh may bid farewell to its medical school. Surely students will no longer be forced to attend the lectures of a professor who practises the grossest empiricism. They should exhibit a determined opposition to such a regulation, and petition the authorities, whoever they may be, to cancel the appointment.”—*Lancet*, Sept. 27, 1845.

“Expel the homœopathist :” that is, expel the man who uses the means he deems best to cure the diseases of his patients.

This recommendation does not stand alone. Dr. Irvine, a physician practising homœopathy, went to Leeds to settle. Being a physician, he, as a matter of etiquette, called on the physicians of Leeds. He exhibited courtesy: he was denied courtesy in return. Such denial the friend of freedom approves :—

“HOMŒOPATHY IN LEEDS.—The town of Leeds has recently,

CHAP. XVI. it appears, been favoured with the appearance of a homœopathic doctor, called Irvine. That individual, we are sorry to say, covers his pretensions with the Edinburgh M.D. degree, and on its strength has most imprudently endeavoured to thrust himself on the intimacy of the Leeds physieians. Dr. Chadwick, physician to the Leeds Infirmary, has forwarded to us a correspondence which has taken place between the Hahnemannist and himself. Wishing, no doubt, to shield his own ignorance by the sanction of an acquaintance with Dr. Chadwick, who stands deservedly high in the opinion of his fellow-townsmen, this Dr. Irving, after making several calls, which were, very correctly, not noticed by Dr. Chadwick, was at last received by the latter, when an explanation ensued. Dr. Chadwick stated to him, in the most gentlemanly, but the most positive manner, that he could not possibly associate with a person professing homœopathy, even were that person in possession of the same medical degree as himself. The homœopathic charlatan, not satisfied with this mild private rebuke, subsequently insisted on receiving in writing from Dr. Chadwick the castigation which he so richly deserved, in order that he might show it to his friends—a rather singular step on his part. We very much approve of the conduct of Dr. Chadwick, who has acted in this instance with judgment and firmness, and we recommend it to the imitation of his professional brethren.”—*Lancet*, Dec. 14, 1844.

Is this recommendation of rudeness a mere temporary ebullition of the *Lancet's* editor? This charitable conclusion is forbidden, for he recommends similar conduct to be pursued to another individual:

“HOMŒOPATHY AND THE MEDICAL PROFESSION.—We have been favoured by a correspondent with the prospectus of a homœopathic dispensary, recently established at Newcastle-on-Tyne, by a person who calls himself ‘Dr. Hayles,’ and are requested to give our opinion as to the course to be pursued by the Newcastle medical practitioners with reference to this individual. We should advise these gentlemen to imitate the spirited conduct of Dr. Chadwick of Leeds, and to repudiate all intercourse, professional or otherwise, with such a speculator. That a non-professional person may be deluded by the ludicrous absurdity of the homœopathic doctrines is perfectly intelligible, but we can-

not admit the possibility of a regularly educated medical man of *sound mind* adopting them, except as a means of imposing on the credulity of the public. The medical homœopathic quacks of the present day are very anxious to be considered part of the medical body, and we remark that this (so-called) Dr. Hayles uses repeatedly the term, ‘professional brethren,’ in his manifesto. Such a claim should not be admitted for a moment; and in the absence of a council of discipline empowered to call *medical quacks* to account, and to expel them from the profession, we strenuously recommend all practitioners morally to exclude them by refusing to associate with or recognize them. Let such characters not have the sanction of the profession, at least, to countenance their fraudulent or insane manœuvres.”—*Lancet*, Jan. 4, 1845.

What does this writer write himself? What but a despot? What but an infallible? And as such not content with the attribute, but desiring to crush all those who do not bow to his infallibility. He would make a medical Bonner. He would do to preside at some Smithfield medical burnings. In fact, he pants for the opportunity to exercise his judicial powers on these objects of his medical vituperation. He dares to charge homœopathists with murder, and longs to be at their trial. Referring to the death of the Countess of Denbigh, truculent are his remarks:

“*The death of Lady Denbigh occurred in the district of the coroner for Westminster.*” Ominous, this! had it occurred in the district of the coroner for Middlesex, may be he would have judicially found out that homœopathists take men’s lives: and which finding would have been his, since if attorneys are not able to decide *medical* questions, twelve jurymen surely are not able, and then the decision as to life-taking would have fallen into the hands of the *medical* man, the coroner for Middlesex, the mild, the meek, the non-abusive editor of the *Lancet*. Well might a writer in the *Spectator*, referring to a late inquest verdict, exclaim, “Unhappy Middlesex.” *

A Mr. Edwin Lee, who, as a book-writer, catches at any idea

* See Appendix “Coroners’ Inquests and Homœopathy.”

CHAP. XVI. which is prevalent, puts forth the following statement in one of his works :—

“At the time of my former visit I was anxious to see the homœopathic hospital, Leipzig being the head-quarters of this doctrine. I expected to have found at least forty or fifty beds with patients, but was rather surprized to find that the building contained only eight, and even of these all but two or three were unoccupied. A few months before my second visit, the house-physician* having become convinced of the nullity and danger of homœopathy, gave up his appointment, and published an exposition of the system pursued. It must not be supposed that the homœopathists always adhere to the principles of the doctrine. One practitioner in Leipzig candidly acknowledged that he pursued both plans of treatment.

The editor of the *Medico-Chirurgical Review* quotes the above, heading the quotation, “Death of Homœopathy in its Native Land,” and appends to the quotation :—

“We suspect that all homœopathists are not equally candid. The clever rogues prescribe allopathy, while they talk homœopathy. But the reign of any particular humbug (there is really no name so appropriate, albeit coarse) is short-lived—though the

* The character of this man is thus detailed by Dr. Calmann :—“May it suffice for the English to know that this man, Dr. Carl Wilhelm Fickel (*nomen est omen*), was really for a short time head-physician to the homœopathic hospital ; that he had published a few works under the false names of Ludwig Heyne, Julius Theodor Hofbauer, &c., in which he introduced false cases of diseases, and pretended to have discovered new medicines ; that the real author and his falsehood were at last discovered, and that he was turned out with disgrace from the hospital ; that he afterwards was obliged to quit Leipzig without leave-taking ; and that he at last, in a remote place, wrote against homœopathy. An allopathic journal thus testifies respecting this friend of Lee :—‘The general indignation on Fickel’s treason towards homœopathy, which is felt not only here, but in every place where German physicians have to give their opinion, does certainly high honour to the German spirit. It goes even beyond the jesuitic principle—“the means are sanctioned by the end” —that a medical man may dream of an excuse for himself, who, under a false name, steals into the homœopathic hospital of Leipzig in order that he afterwards may pilory homœopathy. Thanks to God !—this is the only example of its kind known to us, and therefore it cannot be censured in too severe terms.’ ” *

* Allopathic Medical Journal, by Drs. Fricke and Oppenheim of Hamburg (Vol. xiv. Nos. 3 and 4. and Hom. Zeitung, Vol. xix p. 125).

stock is so extensive that it is never worn out, and the market CHAP. XVI. good enough to make it worth while to keep *some* articles always upon sale."

Dr. Johnson has thus added his name to the list of vilifiers.

Urged on by the vituperation of this writer, biassed by the statements of other medical writers, it is not to be wondered at that the mass, the little minds of the profession, should join in the cry. Few have courage to demand justice for an abused man.

Of all the opposition to which homœopathy has been exposed, none presents so many peculiar features as that exhibited by an Association existing in Manchester, dignified by the title of the "Manchester Medico-Ethical Association."

This Association has, as its name implies, its ethics; and these ethics also, as its name implies, are medical.

The Association, among its fundamental rules, have published the following, "*No member shall practise, PROFESSEDLY and EXCLUSIVELY, homœopathy, hydropathy, or mesmerism.*"

And the Association, to make this law effective, have another rule, which requires that "No member shall meet in consultation any person excluded from membership in this Association."

The ethics of this Association are indeed peculiar. They invite knavery; they foster deceit. The Association do not exclude as a member an individual, who practises homœopathy *professedly*, nor do they exclude an individual who practises homœopathy *exclusively*, but they exclude an individual who practises homœopathy *professedly and exclusively*.

That is, the Association say, You may practise homœopathy, but do not practise it exclusively—pray give a little castor oil, use a lancet now and then, apply a few leeches occasionally, so that when any cures are effected by you, we can say that they were not effected by homœopathy, because who can assert that you did not use allopathic means, and thus, though you cure by homœopathic means, the credit will not redound to homœopathy, and allopathy will not be injured.

Such are the ethics of this Manchester Medico-Ethical Society. The peculiar honourableness of their ethicism is further exhibited in the fact, that their law does not forbid the practitioner from practising homœopathy *exclusively*, if so be he does not practise it *professedly*. That is, the Association say you may practise homœopathy *exclusively*, but do not profess that you do. Restore

CHAP. XVI. your patients to health, but do not let them know how you do it. That would injure the allopathic credit. Follow out the ancient cunning of the priests of pagan times, virtually have two sets of doctrines, one for the public and one for yourself. These Manchester Medico-Ethical Associationists would be valuable allies to the Haynaus and the Metternichs of Austrian despotism, who allow the people to think what they like, but dare them to express or to act what they think.

Dreadful is the tyranny of a craft; and lamentable is it to find among the most active of this peculiar ethical school, the name of Mr. Noble, a gentleman who wrote a treatise some years since, claiming for phrenology its position as a science. Suppose some philosophical ethical association had passed a law, that any one who professedly and exclusively bases his mental procedure on phrenology, shall be excluded from all association with the mental philosophers of Manchester; and further, that the Manchester mental philosophers shall bind themselves never to meet the phrenologist in philosophical consultation: What would Mr. Noble have felt? What would Mr. Noble have said?

These Manchester medico-ethical associationists may have ethics, but they show a lamentable ignorance of the requirements of science; for how is homœopathy to be tested as to its truth or untruth, except by its being tried professedly and exclusively? If allopathy is tried with homœopathy, and success attend the trial, how can it be decided to what the success is to be charged? If allopathy and homœopathy are to be tried together, and success does not attend the trial, how can it be decided to which the want of success is to be ascribed? So used are these allopathic associationists of Manchester to the uncertainties of their own system, that they have lost the power of perceiving the absurdities in which they, by their ethics, lodge themselves.

These Manchester medico-ethical associationists are persecutionists of the worst order; they are the medical inquisitionists of modern times. Like their predecessors, who excluded Galileo from liberty, because he maintained, professedly and exclusively, that the motion of the earth round the sun afforded the only satisfactory practical method to explain the phenomena connected with the earth in its relation to the sun, they have the cool hardness to define what shall be a medical man's creed in Manchester. Indeed, it is a question whether the members of this

Association are not actionable at law for this their resolve. CHAP. XVI. What right have they thus to make a medical diocese in Manchester, and excommunicate those who do not believe in their creed?

Strange to say, the most polished of the hebdomedal medical press, the *Medical Gazette*,* highly applauds the Manchester Medico-Ethical Association for their rules: Such is the influence of professional spirit. What a blessing that the legislature refuses to let medical men legislate.

It is pleasing to turn from these miserable exhibitions of narrow-mindedness, to a review of the highest standing.

The leading review of the day, the *Edinburgh*, acted with liberality. Many years since, when homœopathy was first introduced to notice in this country, this review thus introduced it to the notice of its readers:—

“Be the doctrines of Hahnemann,” says the reviewer, “true, as they are pleasing, or false, as they are startling by their novelty, it is time that they should be made known to the British public, and submitted to the keen and sagacious criticism of our medical school. True or false, homœopathy is at least not to be confounded with empiricism. It has some of the outward signs, but it has none of the inward and essential characteristics of quackery. It is not a mystery concocted and retained for the sake of money getting, but it is fairly and openly given to the world. It is not a resource and refuge for ignorance, but requires extensive knowledge of the parts and functions of the human frame, of pathology, too, as well as of physiology, of botany and chemistry, and the practical use of both. It is not an insidious delusion, converting the hopes of the valetudinarian into instruments of death; a chalice sparkling on the brim, but fatal on the draught, seducing by the first feelings of transient amendment, in order to destroy by the slow and sure result of repeated application; on the contrary, it enforces abstinence and self-denial; it tampers not with the fine springs of life; and by the confession even of its enemies, if in some cases it should do no good, in scarcely any case can it do positive harm.”

* “These grounds of disqualification for membership appear to us to be unobjectionable.”—*Medical Gazette*, Vol. XI., p. 890.

CHAPTER XVII.

The benefit resulting from the opposition.—The friends of homœopathy.—No aid to be expected from corporate bodies.—The people must form the court of appeal.—Children its friends.—The English Homœopathic Association.—The proposed establishment of an Hospital in connexion with this Association.—Appeal to the public.

CHAP. XVII. The record, already made, of the opposition to homœopathy is painful. Its record is necessary, because it will add its testimony to those already stored in the realms of thought to the treatment which truth has always had to experience. It will confer the deserved immortality of disgrace on these loud-mouthed praters about liberty, who have never understood what liberty is, namely, the enjoyment by each man of that amount of freedom consistent with the enjoyment of the same amount by every other man. It will encourage the advocate of homœopathy, because he will find that this tempest of abusive terms has tended to establish, instead of undermining the truth; that it has acted in preventing any but men of strong will, of staunch courage, of unflinching determination, and of untiring industry, from enlisting under a banner so much blown upon, and thus has obtained for the cause soldiers that are sure to gain a victory. If homœopathy had not been opposed thus violently, many would have professed themselves its advocates, who are quite incompetent to master and to apply its truths, and thus, by their want of success, a far greater impediment would have been thrown in the way of its progress than that caused by the virulent opposition it has had to encounter.

Where, then, has the homœopathist to look for assistance? CHAP. XVII.
Where has homœopathy to look for friends?

It is certain that the public corporate medical bodies can never aid in the progress of homœopathy. All such corporate bodies have ever opposed the progress of any new truth, the use of any new remedial means. In fact, corporate bodies seem to be influenced by the belief of a baronet, who proclaimed from his seat in the House of Commons, that "quiet error is preferable to boisterous truth."

The French Academy of Medicine denounced the use of antimony. The people would use it: its use became established, and then the Academy patronized the use.

The Faculty of Medicine, embracing among its members Candidatus Simon Boullot, Præses Hugo Chasles, and many others of the highest fame, declared against the circulation of the blood as made known by Harvey, but the blood was rebellious, and would, did, and does circulate in the way that Harvey described.

The Academy of Medicine procured an "arrêt du Parlement," prohibiting the use of emetic tartar. The people would use emetic tartar, and, a few years after, when the use of emetic tartar was established in spite of the Academy, the Academy procured the revocation of the arrêt.

The Academy of Medicine proclaimed that the heavy wigs worn in those days were more healthy than natural hair. The people determined to wear their natural hair, and the wigs disappeared.

The people have always been the parties that have fought the battle for the truth. To the public the appeal must then be made: and the public will do its duty in disregarding all the absurdities put forth to impede the progress of a truth, and will urge on that progress, being satisfied that benefit must result. A terse German writer has expressed clearly the position which the mass has to take in these matters:—

"Hahnemann has brought about an astonishing revolution in medicine. We stand in the same position towards the physicians, as did Luther and his associates, in the time of the reformation, towards the priests. Then, innovators in religion were opposed to the priestly hierarchy, and had to appeal to sound

CHAP. XVII. common sense, as well as to the interest of the laity, in order to gain the support of the laity, and to conquer with them. Innovators in medicine are now opposed to the hierarchy of doctors, and they, too, appeal to the understanding and to the interest of the laity for support and protection to the good cause. Is our understanding less qualified to try the medical controversy, than formerly the theological? We shall see. Are we less interested in it? Surely not. Every blow which the medical parties strike each other falls back at last upon us, the patients; and every thing good which they discover turns finally to our advantage. Methinks this gives us a very good right to inform ourselves upon the principles according to which the physicians treat us; and it might sometimes be useful to remind them *that they are made for the sick, not the sick for them*; for it has really often seemed as if physicians imagined the latter. If the nations have maintained their interests against secular despotism, by institutions and the freedom of the press, why, in the name of common sense, should physicians enjoy the privilege of slaughtering us without being called to account for it? The homœopathists take their stand as reformers, and declare to us that the physicians, with their hitherto prevailing allopathic method, have levied contributions upon us, without having helped us, just as the priests did with the sale of indulgences: they propose to us an extremely simple and universally intelligible medical theory, are angry at, and complain of the blind rage of the predominant medical caste, which proclaims them heretics, and turn to us, the people, for protection against them. At the same time, a multitude of laymen come forward, who set up for champions for homœopathy, as formerly Hutten and Sickengen set up for champions of Lutheranism, because they consider themselves happy in having men speedily freed, by homœopathic cures, of inveterate diseases, and hold it to be their most sacred duty to make all their suffering contemporaries participators of the like bliss. These are the facts. Should we, the laity, not give a hearing to such urgent demands? What would have become of the reformation had not the laity taken part in it—if they had been frightened into thinking that theological controversies extended beyond their horizon, and must be left to the theologians alone? In that case Luther would have been burnt at the stake.”

Homœopathy has found many friends.

Children will help. Conceive the trouble parents have to give children physic. What torture has many a mother experienced, when she has been obliged to force the medicine down the throat of her dying child: how great has been her agony when she has had to apply blister after blister to the little creature, moaning with agony. Homœopathy frees from all these miseries: the no taste in homœopathic medicines removes the great obstacle to the administration of medicines.

The public will aid. They will soon discover the difference in the two systems of treatment. They will find that homœopathy is safer, easier, less injurious, and, what affords a no mean motive for its support, cheaper.*

Hundreds of families, who always had the medical attendant in their houses, now, being in possession of a homœopathic medicine chest, and a domestic homœopathy, have been enabled for years to relieve their maladies, and to escape the medical visitations.

Medical men do aid, not by adopting Homœopathy openly, but by simplifying their prescriptions, by giving less physic: This is rapidly diffusing itself. And here Homœopathy has effected much, and it is recognised, even by allopathists, to have effected this.

In fact, medical men are beginning to use homœopathic medicines: arnica† and aconite are used, though not scientifically, in one of the London hospitals.

Belladonna, which Hahnemann first pointed out, as with

* A gentleman informed the writer that he heard one of the principal manufacturers of Manchester state, that homœopathy had saved him in money, besides the saving in suffering and anxiety, for the last six years, upwards of one hundred pounds a year. His physician's and surgeon's bill (in Manchester physicians send in a yearly bill,) always exceeded a hundred pounds. His wife and family, he stated, were never well.

This gentleman's wife had miscarried several times, and the best medical skill in Manchester could not prevent it. The lady came under homœopathic treatment: she was enabled to go the full time: she has had two children since, and has gained comparative good health. Her children take only homœopathic medicines, and the physician in London, who was the means of effecting the cure of this lady, and who still prescribes when occasion requires, has his professional aid not called for on an average more than six to eight times a year.

† Dr. Epps published in the *Lancet*, vol. I., 1842-3, an essay on arnica and its virtues; and since that the remedy has been extensively employed.

CHAP. XVII. aconite, the specific for pure scarlet fever, is now used most extensively, as a remedy for that disease, and those, who use it, have not the honesty to acknowledge the source whence they derived the use.

Patients cured are the friends of homœopathy. They who have been suffering for years under maladies, which their physicians, treating them under the old system, could not cure, and are cured by homœopathic means, become living testimonies to the value of Homœopathy, become preachers of the good truth “*similia similibus curantur*.”

The press will aid. Already the three most talented of the hebdomadal press are advocates of homœopathy; namely, the *Spectator*, the *Economist*, and the *Nonconformist* Newspapers. One of the profoundest thinkers, the first logician of the age, is a homœopathist, Dr. Whately, the archbishop of Dublin. And yet, the Deputy Coroner of Middlesex asserts, “no intellectual men advocate homœopathy.”

But in the matter of the progress of homœopathy, the axiom “Union is strength,” must ever be remembered. The friends of homœopathy should unite, and the objects for which they should unite are expressed with excellent force in the address issued by the English Homœopathic Association.

“From the time when homœopathy was first promulgated the struggle on its behalf has been carried on solely by the individual efforts of a few physicians who have had the candour and courage to investigate its principles, and to acknowledge its claims. But within the comparatively short space which has intervened since the period when it was recognised only by a single mind, it has been diffused by those efforts throughout almost every civilized country; and the time is now come when its disciples are sufficiently numerous to take, by a judicious organization, a definite part in promoting its reception.

“The English Homœopathic Association is therefore constituted with the view of uniting, as completely as possible, the friends of homœopathy, (professional and non-professional,) throughout the country, and of enabling them to give effect, by active co-operation, to the interest they feel in its advancement. All who are acquainted with the system, or who desire to promote its fair investigation, are invited to join the ranks

thus formed; and, as the advantages to be derived not only CHAP.XVII.
from a well-planned organization, but from *numerous*, rather than from individually large contributions, have been strikingly exemplified in connection with many of the most important questions of the present day, it has been resolved that the funds of the Association shall be raised entirely by voluntary donations, coupled with the payment of half-a-crown from each of its Members as an annual fee for registration.

“ Among the chief objects of the Association are,—

1. To bring together the most active friends of homœopathy by means of General Meetings, at which the progress and the prospects of the science may be detailed.
2. To publish treatises and issue periodicals explanatory of the principles of the system, for distribution (gratuitously as far as practicable) amongst the Members and the public.
3. To furnish the Members with statistical reports of cases in the various homœopathic institutions, and with notices on all important points bearing on the progress of the cause.
4. To promote the publication of a correct translation of the works of Hahnemann and others.
5. To establish an Hospital.

“ That these measures effectually carried out would greatly accelerate the progress of the science, will at once be seen. The statements furnished at the General Meetings would present to the public the *facts* of homœopathy as the best antidote to the libels of angry and uninformed opponents; the general circulation of explanatory treatises and periodicals would carry knowledge into quarters where the system may never have been heard of, except through misrepresentations; and the publication of cases, and also of the works of the founder of this system, would be calculated to stimulate members of the medical profession to abandon their present mode of opposition, and to resort to scientific experiments as the only test of the truth or falsehood of scientific statements.

“ And apart from these consequences of its active efforts, the mere existence of the Association will work much good. The majority of the world dread ridicule more than they love truth; and while individuals feel that in venturing to give even a trial to homœopathy, they are exposing themselves singly to the jests of its opponents,—the prejudiced, and consequently uninquiring multitude,—they will timidly draw back. If, however, they are

CHAP. XVII. fortified by being able to point to a body large in number, and comprising many respected contributors to science, openly avowing their recognition of the doctrine as the result of personal trial and investigation, this difficulty will disappear. The advocate of the old school, while he denounces the system as unworthy of inquiry, and boasts of never having descended to its statistics, will no longer be regarded as an absolute authority, and his phrases "impostor" and "dupe," levelled at the practitioners and the disciples of a science of which he is ignorant, will lose their force when he is reminded that terms of this sort can scarcely apply to a large and influential body, using their best efforts, by the diffusion of information, to enable him, if it be possible, to prove them in the wrong."

But the primary object to which all exertions should tend, is the formation of a public hospital. The address on the subject issued by the English Homœopathic Association presents most forcibly the grounds of its necessity:—

"In soliciting the aid of the friends of homœopathy and of the public generally towards raising a fund for the establishment of a homœopathic Hospital, the committee feel that they are only discharging the duty incumbent on all who believe in the virtue of the homœopathic law, of doing their utmost to forward any measure calculated to afford to the poor the benefits of homœopathic treatment, and, at the same time, to promote the public and scientific investigation of the truths of homœopathy.

"The benefits of homœopathic treatment, so well known and so deservedly appreciated by thousands of the middle classes of society, are still comparatively unenjoyed by the poor in this country; and, it is mainly with the view of extending to them the benefits of the new medical science, that the contributions and the subscriptions of the members of the English Homœopathic Association, of their friends, and of the public, are solicited for the establishment of a public homœopathic Hospital, by which alone so wide an extension of the blessings of homœopathy can be effected.

"It is also to be borne in mind that an Hospital affords the best and only satisfactory opportunity of treating and *studying* acute cases, and of testing the efficacy of homœopathy in the treatment of acute diseases, which are generally asserted with

peculiar confidence to be beyond its influence. It is true that acute diseases come frequently under treatment, and peculiarly successful treatment, in private families and at homœopathic dispensaries; but the medical man has not the time, if he had the will or the power, to visit the dispensary patient at his home, and there witness the effects of a new system of cure; and there are other objections which are obvious in connection with such a course. But to patients treated in a public Hospital these objections do not apply. In entering such an institution the patient knows that his case may be subjected to a public or general examination, and he prepares himself to allow and undergo it.

“The advantages of a public hospital present also this important feature, that an opportunity would thus be afforded to every student of homœopathy, before settling in medical practice, of becoming fully acquainted with all the symptoms which develop themselves in acute diseases; with all the means best suited to meet these symptoms; and with the mode of treatment generally which so enlarged a system embraces. To create an efficient corps of medical practitioners, it is necessary that a medical school, where all the branches of homœopathic science can be taught to students, should be established; and as a part of such school, an hospital affords the means of illustrating the powers of the medicines, and of presenting examples of the different diseases to which those powers are applicable. In fact, *this* part of the medical school is essential to the scientific study of homœopathy. Other branches of medical science, which are common to the allopathic and homœopathic systems, may be learned elsewhere, but the virtues of homœopathic medicines and the homœopathic treatment of diseases are matters which can be efficiently only taught in connexion with a homœopathic hospital.

“It is important to bear in mind that an hospital would help to diffuse more widely amongst all classes the truths of homœopathy; that it would give the means of comparing the results of public homœopathic treatment with other treatment; and the relative superiority of homœopathy once established in this country, (as it has been by the homœopathic hospitals in many

CHAP. XVII. places abroad), the success of the institution and its consequent advantage would be secured.

It is hoped, therefore, that the friends of homœopathy in the metropolis will concur in this endeavour to supply to others, and to the poor especially, the benefits which they themselves may have experienced from homœopathic treatment. And the committee would also venture to appeal to the advocates of homœopathy throughout the country, to contribute to an undertaking calculated to afford the completest test and to secure the widest diffusion of the results of homœopathic treatment, and to train up a body of scientifically educated and efficient homœopathic medical practitioners, for the service of the public.*

* At a Meeting of the Committee of the Association, the following Rules were proposed to be adopted in reference to the Homœopathic Hospital:—

RULE I.—That a Donor to the amount of Fifty Pounds and upwards, be termed a Benefactor and Life Governor.

RULE II.—A Donation of Ten Pounds shall constitute the Donor a Life Governor.

RULE III.—An *Annual* Subscriber to the amount of One Pound, shall be considered a Governor so long as he continues his Subscription.

RULE IV.—The Governors shall possess the privilege of electing the Medical Officers, and of determining rules for the admission of Patients.

RULE V.—The Votes of the Electors may be given by proxy.

RULE VI.—The Governors, at a General Meeting, shall form Rules for regulating the affairs of the Institution, and for electing the Hospital Committee.

Trustees for the Fund, THOMAS H. JOHNSTON, Esq., 16, Cecil Street, Strand, JAMES STANSFELD, Esq., Inner Temple; and JOHN EPPS, Esq., M.D., 89, Great Russell Street, Bloomsbury.

Subscriptions received by the Trustees; and at Messrs. HANKEY & Co.'s, Bankers, Fenchurch Street; at the London and Westminster Bank; and at the Union Bank of London.

N. B. The Committee further have the pleasure of adding, that a Ladies' Committee has been formed to aid in collecting the funds for the Hospital, and any communications for the Ladies' Committee can be addressed to the Honorary Secretary, Mrs. WILKINSON, 31, St. George's Road, Southwark.

Note.—The Committee of the English Homœopathic Association, propose that the Hospital shall be commenced as soon as the sum of £1000. by Annual Subscriptions, has been obtained.

APPENDIX.

SECTION I.—TREATMENT OF CATTLE.

When it is asserted that homœopathic practitioners cure their patients by means of the imagination, the answer at once presents itself, How then can cattle be cured? SECT. I.

Few have the slightest conception how extensively and how beneficially homœopathy has been applied to the treatment of the diseases of the lower animals.

Some idea may be gained from the following communications, the first by Dr. Luther,* the second and third by Peter Stuart, Esq.,† and the fourth by Dr. Epps.‡

58, Stephen's Green, August 12th, 1845.

MY DEAR NEWTON—I most willingly comply with your request, to give you some information on the homœopathic treatment of the present distemper among cattle. However, I shall shortly prepare a paper for the Irish Homœopathic Society on the subject, in which you will find full information on the several points connected with it. *This disorder has been treated with very marked success, in and near Dublin, by myself and several friends.*

As you have had an opportunity of seeing a great number of cases, I need not describe the symptoms of the disorder, which, in the actual beginning of it, are exceedingly obscure, but cannot be mistaken in the latter stages. They vary in

* The *Journal of Health and Disease*, vol. I., 99—101.

† Ibid., vol. III, 179—184, and vol. IV., 311, 312. ‡ Ibid., vol. III. 366, 367.

SECT. I. almost every case, and it is only by collecting the symptoms of a great number, that a complete knowledge of the disease can be obtained. The disorder itself is evidently pleuropneumonia of a malignant character. The result of my observations, as far as they go at present, is, by proper homœopathic treatment, six out of ten head of cattle, attacked by the disorder, can be saved and radically cured. Strictly speaking, each case requires an individual treatment, according to its peculiar manifestation in the diseased animal. This makes the correct homœopathic treatment very difficult, and supposes an intimate acquaintance with our *materia medica*. However, in a case like this, where everything has decidedly failed, I think I may be justified in giving you at least some general advice, which, imperfect as it must necessarily be, when put to the test of strict homœopathic rules, will lead you to much better success than anything that has hitherto been recommended. The principal remedies from which I have seen good effects in the different cases, when properly applied, according to the symptoms of each, are:—*bryonia*, *arsenic*, *senega*, *squills*, *tartar emetic*, *bark*, *rhus toxicodendron*, *sulphuric acid*, *vegetable charcoal*, *lachesis*, and *sulphur*.

I would advise you to confine yourself for the present to the use of *bryonia* and *arsenic*, as most likely to prove beneficial. [Use the *third trituration of arsenic*, and *third dilution of the tincture of bryonia*, which can be obtained at any homœopathic chemist's.]

[Now to the treatment.] 1. It is of very great importance in this distemper to recognize it and treat it in its first stage, which, however, is very obscure and insidious, and scarcely shows itself in any other way than by a slight cough; in all other respects the animal appears as usual. Whenever distemper is in the neighbourhood, a slight cough ought to be at once attended to. The best medicine to check the progress of the disease is *bryonia*. Take from 10 to 20 drops of your tincture, mix them with a pint of cold water in a new bottle with a glass stopper, shake it well, and keep it in a cool place. Give four times a day, at equal intervals, about a table-spoonful, after shaking the bottle well each time. The animal may be allowed to feed as usual.

2. When the disease enters the second stage, (frequently SECT. 1. taken by the dairyman for the beginning of the disorder), which generally shows itself by difficult breathing, accompanied by a grunt, and short painful cough, loss of appetite, running from the mouth and nostrils, cessation or considerable diminution of the secretion of milk, the cow standing gathered up, not chewing the cud, &c., *arsenic* is the best medicine to be given. You may then give [one] grain of the powder three or four times a day. I have frequently seen excellent effects from giving *arsenic* and *bryonia* alternately, changing the medicine every four days. The animal should be kept under a dry airy shed, its bed be very clean, and frequently renewed.

3. In this stage the animal has little or no appetite, and all food should be rigorously kept from her; she does not digest it, and it lies in the stomach like a foreign body, and only increases and protracts the disorder. I look upon the observance of this rule as a material point for final success. It is a radical, and frequently fatal mistake, to force nourishment down the animal's throat. A pail of fresh water should be kept within its reach; [and if not drank, changed twice a day.]

4. Once the disorder has reached the second stage, it is seldom perfectly cured under three or four weeks: the surest signs of returning health are, return of the secretion of milk, of appetite, and rumination.

5. Bleeding and purging ought to be looked upon as highly injurious in this disorder, as they weaken the animal dreadfully, and favour the exudation of lymph and water, the consolidation and mortification of the lungs.

6. It is of great importance to be exceedingly cautious in giving food, particularly solid food, when the appetite returns: the stomach not having performed its habitual functions for weeks, the appetite exceeds the digestive powers; and if the animal be allowed to feed as it lists, it is very apt to have a relapse, which is difficult to master.

These are the few general rules I can give you for the present. It is a rough homœopathic treatment, but will, even as such, be comparatively very successful.

Yours. &c.

CHARLES W. LUTHER.

SECT. I.

Ditton Lodge, near Warrington, Lancashire, Nov. 6, 1847.

SIR,—I send you a few cases of animals successfully treated by medicines homœopathically employed. The first case is a blaek cow given up by the farrier, after bleeding, blistering, and purging for ten days. He then told the farmer he could do no more, and it was not possible that the cow could live twenty-four hours longer, therefore he had better sell the cow. Having been told of the case, I sent the farmer word, if he had no objection to allow me “to try my hand,” I had not much doubt but that I could save his cow. He said he had no objection, but he thought it was of no avail, as he himself thought she was past cure. When I went to see her, he was bargaining with a buteher to sell her; the butcher offered ten shillings; the farmer wanted fifteen shillings. I said, let me try to eure your cow, and if she dies I will give you the fifteen shillings for her. With this understanding I was allowed to proceed.

SYMPTOMS.

1. Horns cold. 2. Ears cold. 3. Feet cold. 4. Pulse very high. 5. Breath short and very hot. 6. Nostrils dilated and quite dry. 7. Tongue dry. 8. Grunted like a pig, could hear her a hundred yards off. 9. Her milk nearly gone, only giving a few drops. 10. No appetite.

I gave two drops of *aconite*, third dilution, in a quart of water, a wine glass full every half hour for two hours, and then every hour. Saw the cow in twenty-four hours after.

Pulse much lower, horns warmer, feet warmer, breath not so hot, nostrils not dilated and moister; tongue moist.

Continue *aconite* twenty-four hours longer.

The above symptoms all decidedly better: grunting very little better, milk no better, with a rolling noise in her belly.

Ordered *bryonia* two drops, third dilution, in a quart of water, a wine glass full every two hours.

Saw her in twenty-four hours after, the whole of the symptoms better; no rumbling noise, the grunting gone, and she gave two quarts of milk; was chewing the cud very comfortably, and, as the farmer said, was quite a new cow: she was now ravenously hungry.

Ordered them to be eautious in feeding her. In seven days she was quite well, giving her accustomed quantity of milk.

CASE II.

A brown cow.—The farmer called upon me this time, and begged that I would come and see a most valuable cow, that was seized with the murrain three days ago: my fame had begun to spread. I said, Have you had the veterinary surgeon? He replied, “No, no, they could do nothing but run up long bills, and then tell them to sell the cow.” (ALL THESE DISEASED CATTLE ARE SOLD FOR HUMAN FOOD.) I then said, suppose your valuable cow dies, you will no doubt blame me and wish you had sent for the surgeon. I would much rather undertake it after it had been given up. He said, No, no: after the cure I had made there was nothing to fear. I went to see it.

SYMPTOMS.

1. The extremities all cold. 2. Pulse high. 3. Nostrils moist and running. 4. Moving her head from side to side. moaning most piteously. 5. Opening her mouth as if her jaws were sore and in great pain, saliva coming from it. 6. Shaking, violent cough, appears to draw up her intestines as if by a cord in her throat. 7. A great falling off in her milk. 8. Hair standing and rough.

Ordered *aconite*, two drops of third dilution, and *phosphorus*, two drops of sixth dilution, in a quart of water, a wine glass full every hour alternately.

Saw her twenty-four hours after. Pulse lower, extremities much warmer, cough still bad, all the other symptoms much the same.

Continue *phosphorus* without the *aconite*.

Saw her twenty-four hours after. The symptoms decidedly better—Continue *phosphorus*.

Saw her in forty-eight hours. Cough much better; head better; did not moan; no running from the nostrils; no saliva from the mouth; hair still rough; skin still tight and hot. Gave six globules of *arsenicum* on a piece of bread; wait twelve hours; and then continue *phosphorus*.

Saw her two days after. All the symptoms better; chewing her cud very comfortably; milk rapidly coming back; skin smooth.

SECT. I. Saw her in four days; she had got out of her shed and got amongst some wet grass, of which she had eaten very heartily: had a slight cough.

Ordered six globules of *bryonia* in a pint of water, a wine glass full night and morning: if not better to let me know.

I saw the owner in a fortnight after: he said she was a better cow now than ever she had been, as she always appeared "to have had something to do with her;" now she was better, and giving him twenty quarts of milk a-day.

CASE III.

A black horse, which had been under the veterinary surgeon for three months; had large lumps on its shoulders and neck, some of them had burst and others had been lanced by the surgeon. As fast as one got better another would break out. When I saw the horse, he had one large ulcer of about six inches diameter with a *large core* in the middle, besides numerous small ones forming all over the horse's shoulders: the surgeon said the large ulcer would not get better until the core came out, and he ordered the man, when he dressed the horse's wound, to try to poke it out with a stick.

SYMPTOMS.

1. Skin hot. 2. When touched, the horse would shudder as if he was in great pain, and shrunk from the touch. 3. Uleers running yellow matter. 4. Horse very thin. 5. Lamé on the fore foot, on the side that the uleers were, as if the tendons had been drawn up by the running; the horse appearing in great pain on putting this foot to the ground.

Ordered *arsenicum*, third dilution, three drops in a quart of water, a wine glass full night and morning; dressed the ulcers with tincture, diluted with water.

Four days after, the core was nearly gone without the use of any stick, the small ulcers all healed up, the horse much better, skin still hot.—Continue *arsenicum*.

In a week after, the core was entirely gone, the ulcer nearly healed up, the horse much fatter, skin much colder.

Continue *arsenicum*.

The week after ulcer quite well, the horse as fat and as sleek as a well fed mouse. They had commenced to work him; he

was still a little lame. Gave him a few globules of *sulphur*, SECT. 1. sixth dilution.

He now works regularly and is quite well—three weeks from the commencement of treatment.

I think a fact worth mentioning is, that the whole of the tinctures that I used in the above cases, were those tinctures taken by Captain Johnson to Africa, in 1844; these having been prepared under the direction of Dr. Epps, who, when I had collected the symptoms of African fever and dysentery, wrote out with great willingness full and ample instructions for those parties proceeding thither, for their guidance in the treatment of the above diseases, for which I beg thus publicly to return him my sincere thanks.

These medicines, after being in Africa some time, and there used with success, were brought back, and now, having been used show that their virtues have been preserved unimpaired.

Sincerely yours,

P. STUART.

To these cases may be added the following case, communicated by Dr. Epps.

On Tuesday evening, November 9, 1847, the gardener of a patient residing about five miles from London, came up with a message wishing me to prescribe for a cow dangerously ill.

The cow presented the following

SYMPTOMS.

1. Great pain in joints. 2. Stiffness in the limbs. 3. Can get up only partially, for while able to get upon her fore legs, she cannot get upon her hind legs. 4. Her pain apparently makes her try continually to move, but directly she does rise she falls from the want of power in her hind legs. 5. Her milk is very thick.

She is lying out in the field, and cannot be brought into the cow-house.

The poor creature moans most piteously.

The “cow-doctor,” who has seen her, thinks that she has the gargets in the udder, or a severe cold in the udder and through the bones.

The cow is within six weeks of calving.

SECT. I. Ordered one drop of the third dilution of *bryonia* tincture, (millionth part of a drop of the mother tincture,) in five ounces of water, also a drop of *nux* tincture of the same strength, similarly mixed with water.

To take a fourth of the one, and then four hours after a fourth part of the other, and so alternately.

The same night she walked into the cow-house, and the following day seemed quite well.

The cow had taken some globules of *rhus toxicodendron*, and of *pulsatilla* before I was sent to.

TREATMENT OF THE LUNG DISEASE IN COWS.

Mr. Stuart has, during the course of the last two years, treated as a connoisseur upwards of 180 cows, labouring under the prevalent malady; of these 130 were saved. The medicines in general use were ACONITE, the third dilution; BRYONIA, the third dilution; ARSENICUM, the third dilution; RHUS, the third dilution; KALI CARBONICUM, fourth dilution; SQUILLA, sixth dilution; and PULSATILLA, third dilution. Of the medicines the dose generally given was twenty drops to a quart of water, of which a wine glass was taken every four hours.

The *aconite* was given when the following symptoms were present: breath hot, breathing heavy, cough dry, general fever.

Bryonia was given in alternation with aconite, when the cough became more loose.

Arsenicum was given when there was running from the nose, the hairs of the hide standing at an end: intense heat, breathing very hurried, and looseness of the bowels: and also when there was much swelling.

Rhus was used to follow the action of arsenicum: this was more especially indicated when the animals appeared uneasy in their limbs, and shifted about a great deal.

Kali carbonicum was used when the animals appeared to have great pain in their sides: this was used often in alternation with arsenicum.

Squilla was used when the cough was shaking, as if the parts of the body would shake to pieces.

Pulsatilla was used when the cows lost their calves, which

they invariably did when seized with the malady. The pulsa- SECT. I.
tilla was immediately efficacious to cleanse the animal, i. e. to effect the removal of the after-birth.

The intervals at which the medicines were given were three or four hours: the animals were kept from all food until symptoms of returning health showed themselves; then a little food was given two or three times a day. Their appetite at this time is very great, and care must be taken, as an overladen stomach invariably brought on a relapse. Aconite, bryonia, and arsenicum, given alternately on each day generally effect a cure, if the disease is taken in time, in a few days, especially if the symptoms appear to a casual observer most violent and dangerous. The medicines must be mixed in new bottles; each medicine in a separate bottle.

The following symptoms generally were present in these cases:—

The animals generally, instead of standing straight, gathered their limbs up, i. e. drew their fore and hind legs nearer to each other.

They were generally chilly, horns cold, hoofs cold.

No appetite at all. If milk cows, the milk left them.

The urine was sometimes scanty, hot, and thick.

Great running from the nostrils.

Grunting: short hurried breathing.

They generally stood; and, when lying down, it seemed to hurt them.

The cows invariably lost their calves, when attacked with the disease, and the calves were generally born dead.

The cattle sometimes swelled in the body, sometimes at one side, sometimes the other.

The signs of improvement were returning appetite, feet getting warm, horns getting warm. If milk cows, the milk gradually came back again.

It is worthy of remark that those that died under homœopathic treatment, died apparently without much suffering: the parties, who had cows die under both modes of treatment, expressed their astonishment at the ease, with which those died that had homœopathic treatment, compared with the state of those that died under the other system treatment.

SECT. I. *Nux vomica*, Mr. Stuart adds, I have found of wonderful efficacy to all animals that have no appetite, and no other symptoms present. Mr. Stuart further adds, that the medicines employed were obtained from Mr. James Epps, homœopathic chemist, 112, Great Russell-street, Bloomsbury, London. He feels this statement a duty, because he tried some homœopathic medicines obtained from another quarter without success.

CASE OF INFLAMMATION OF THE BOWELS AND OF THE
TEATS IN A COW.

The cow calved the day before I was consulted: she became very ill the day after calving: the legs and the sinews are drawn so tightly that the skin cracks. She has no fever, yet seems in pain, and stands with her head and her ears hanging down. She swells in her stomach, and in her hocks. What milk she has is very thick, like curds mixed with the whey.

The cow doctor, who has visited the cow, says she ought to lose two quarts of blood, and have some very strong drink, that is, purging: he states that her complaint is the turgent, that it is in her bowels, and it is generally fatal when it gets there.

The lady to whom the cow belonged, being a homœopathist, refused to allow the cow to have either the bleeding or the strong drink.

Ordered *pulsatilla*, one drop of 3rd dilution every four hours.

Wednesday, March 7.—The dairyman said the cow was neither better nor worse. The milk is rather thinner though the quantity is very small, indeed she has scarcely any. She has no fever, is rather inclined to be cold. She neither eats nor drinks, she has great difficulty in rising, and is very weak.

Ordered 1 drop of the 3rd dilution of *bryonia*, and four hours after, 1 drop of the 3rd dilution of *pulsatilla*, and so in alternation, and each time of taking the *bryonia* to apply a poultice upon which 20 drops of the tincture of the 1st dilution of *bryonia* were dropped.

She has taken the *bryonia* and the *pulsatilla* in alternation, and has had the poultice of *bryonia* applied to the teats.

March 10.—The cow is better: her milk is thick: one quarter of her bag gives good milk, the other quarters give impure milk.

She can now eat her food: she holds up her head: she SECT. I.
usually drinks fourteen gallons of water a-day, but now she
drinks not more than three.

Ordered *bryonia* and *pulsatilla* at longer intervals.

March 12.—The cow eats well and seems well: her milk
is still not natural and in small quantity, not more than three
quarters of a pint from the three quarters. In the bag, the
part affected, there is a hard loose substance.

Ordered *sulphur*, a grain of the third trituration, in four
doses. The cow was cured.

The fact, recorded at page 193, in reference to the necessity
of abstinence from food, illustrates a law which applies to the
human being as well as to the lower animals. Abstinence in
acute disease is an essential to cure. Mr. Stuart remarks:—
“Their appetite is very great, and care must be taken, as an
overloaded stomach always strengthens a relapse.” This truth
cannot be too deeply impressed on the mind; the prejudice in
favour of feeding patients, under the mistaken idea *that* FEEDING
is NOURISHING, is so strong. How many diseases are not cured,
because practitioners introduce a new condition, undigested food,
forgetting that food is not of necessity nourishment; but is, in
disease, in many cases, poison.

SECTION II.—HAHNEMANN AND HIS LITERARY CHARACTER.

SECT. II. Men may occasionally have *fallen* upon a great discovery, but this is not the usual course. A long course of well-directed mental training is the pioneer that is found to be generally essential to the discovery of any great truth. What toils (mental) Galileo went through before he established what is the motion of the earth in its relation to the sun of our solar system. What numerous experiments Harvey tried before he established the circulation of the blood. Jenner was years cautiously plodding on before he considered himself justified in promulgating the protective power of the vaccine virus. Lavoisier was ten years engaged in experiments and observations, before he put forth oxygen as the chief supporter of combustion: and how lengthened were the investigations of Sir Humphrey Davy, before he made and put forth his discovery of the composition of potash and soda.

Hahnemann stands not inferior to any one of these illustrious heroes of science. His mental training was one of the highest order, of the most comprehensive character. He studied the best works in the English, in the French, in the Italian, and in the Latin languages. He thus trained his mind by a width of range which few men have attained to.

As proofs of these assertions, what can be given more satisfactory than a list of the works which he has published.*

TRANSLATIONS FROM THE ENGLISH.

1. John Stedtmann's *Physiologische versuche und beobachtungen*. Leipzig, 1777.—*Original*. *Physiological essays and observations*, by John Stedtmann. London, 1769. 8vo.

* These titles are copied from the *Homœopathic Examiner*, published at New York, 1841.

2. Nugent's Versuch über die wasserscheu. Leipzig, 1777.—SECT. II.
Original. An essay on hydrophobia. London, 1753. 8vo.
3. William Falconer's Versuch über die mineralischen wasser und Bäder. Leipzig, 1777.—*Original.* On mineral baths and waters, by W. Falconer. Bath, 1775. 8vo.
4. Ball's Neure heilkunst. Leipzig, 1777.—*Original.* Ball's modern practice of physie. 2 vols. 8vo.
5. Dr. M. Ryan's Natur und kur der lungenschwindsueht. Leipzig, 1790.—*Original.* An inquiry into the nature, causes, and cure of consumption. London, 1787. 8vo.
6. A. Young's Annalen des aekerbaues. Leipzig, 1790.—*Original.* Young's Annals of agriculture. London, 1786. 2 vols. 8vo.
7. Cullen's materia medica. Leipzig, 1790.—*Original.* A treatise on the materia medica, by W. Cullen, M.D. Edinburgh, 1789. 2 vols. 8vo.
8. I. Grigg's Vorsichtsregeln für das weibliche geschlecht, besonders in der schwangerschaft und dem kindbette. Leipzig, 1781.—*Original.* Grigg's advice to the female sex. London, 1789. 8vo.
9. D. Monro's Arzneimittellehre. Leipzig, 1791.—*Original.* Monro's materia medica. London, 1788. 2 vols. 8vo.
10. F. Ringby's Chemische bemerkungen über den zucker. Dresden, 1791.—*Original.* Chemical remarks on sugar, by F. Ringby. London, 1788. 2 vols. 8vo.
11. Brown's Elementen der medecine. Leipzig, 1801.—*Original.* Brown's elements of medicine.

FROM THE FRENCH.

1. Demachy's Laborant im grossen oder kunst die ehymischen produkte fabrikmässig zu verfertigen. Leipzig, 1784.—*Original.* Proeedés ehymiques rangés méthodiquement et définis. Neufchatel, 1780. 2 vols. 8vo.
2. Der liquerfabrikant. Leipzig, 1785.—*Original.* L'art du distillateur-liqueuriste, par Demachy et Dubisson. Paris, 1775. 2 vols. 8vo.
3. Demachy's Kunst des epissfabrikanten. Leipzig, 1787.—*Original.* Demachy's L'art du vinaigrier. Neufchatel, 1780. 8vo.
4. Die kennzeichen der güte und verfälschung der Arzneimit-

SECT. II. tel, von I. B. Sande. Dresden, 1787.—*Original*. La falsification des médicaments dévoilée. Bruxelles, 1784. 8vo.

5. De la Metherie uber die reine luft und verwandte luftarten. Leipzig, 1790.—*Original*. Essai sur l'air pur et les différentes espèces d'air. Paris, 1785. 2 vols. 8vo.

FROM THE ITALIAN.

A. Fabroni's Kunst, wein zu verfertigen. Leipzig, 1790.—*Original*. Dell arte di fabre il vino.

FROM THE LATIN.

Albrecht von Haller's materia medica. Leipzig, 1806. 1 v. 8vo.

HAHNEMANN'S ORIGINAL WORKS AND ESSAYS IN LATIN.

1. Dissertatio inauguralis medica. Conspectus affectuum spasmodicorum actiologicus et therapeuticus. Erlangae, 1779. 4 vols.

2. Dissertatio historico-medica de helleborismo veterum. Leipzig, 1812. 4 vols.

3. Fragmenta de viribus medicamentorum positivis S. in sano corpore, humanis observatis. Leipzig, 1805. 2 vols.

IN GERMAN.

1. A treatise on the detection and cure of poisoning with arsenic. Leipzig, 1786. 1 vol. 8vo.

2. An essay upon the bad effects arising from the use of anthracite coal fires. Dresden, 1787. 1 vol. 8vo.

3. An essay upon the influence of various kinds of air. 1788. 4to.

4. Directions for detecting iron and lead in wine. 1788. 4to.

5. An essay upon bile and gall stones. 1788. 4to.

6. An essay upon a new and very efficient agent in the prevention of putrefaction. 1789.

7. An essay on baryta.

8. Upon the detection of a new constituent in graphites. 1789.

9. An essay upon the principium adstringens of vegetables. 1789.

10. Remarks upon the mercurius solubilis Hahnemanni, with exact directions for its preparation. 1789. A second edition was called for in 1790.

11. A treatise on syphilis, and its treatment with mercurius SECT. II. solubilis. Leipzig, 1789. 1 vol. 8vo.
 12. An essay on the best means of avoiding salivation, and the destructive effects of mercury. 1791.
 13. A treatise on the best method of preserving health. Frankfurt, 1792. 2 vols. 8vo. A second edition was published at Leipzig in 1796.
 14. 'The apothecaries' lexicon. Leipzig, 1793. 2 vols. A second edition was published in 1795.
 15. Remarks upon the Würtemberg and Hahnemannian wine test. 1793.
 16. Remarks upon the Cassel yellow. Erfurt, 1793. 1 vol. 4to.
 17. Remarks upon the Hahnemannian wine test, and the new *liquor probatorius fortior*. 1793.
 18. An essay upon the regulation of the passions. Leipzig, 1795.
 19. Socrates and Physon. 1795.
 20. An essay on the qualifications of a true physician. 1795.
 21. A manual for mothers. 1796.
 22. An article in defence of Klockenbring. 1796.
 23. An essay upon the new method of discovering the curative powers of medicines, and a criticism upon the methods previously employed. 1796.
 24. Are the obstacles to the attainment of certainty and simplicity in the practice of medicine insurmountable? 1797.
 25. An essay on cholic. 1797.
 26. Antidotes to several heroic vegetable poisons. 1798.
 27. A criticism of Brown's elements of medicine. 1801.
 28. A treatise on continued and remitting fevers. 1801.
 29. An essay on periodical disease. 1801.
 30. Remarks upon the candour and humanity that distinguish physicians of the 19th century. 1801.
 31. A treatise on the cure and prevention of scarlet fever. Gotha, 1801. 1 vol.
 32. An essay on the efficacy of small doses of medicine, and of belladonna in particular. 1801.
 33. A treatise on the cure and prevention of hydrophobia. 1803.
 34. An essay on coffee. Dresden, 1803.
- The above essay was translated into French by Baron Brun-

SECT. II. now in 1824, under the title of *Traité sur les effets du café*; into Danish in 1827, by Dr. H. L. Lund, of Kopenhagen, under the title of *Kaffeen i sine Virkinger*; into the Hungarian dialect in 1829, by Dr. A. Budann, under the title of *A Kafe Munkalatjai*. It has also been translated into Russian by Dr. Alexander Peterson, of St. Petersburg; into the Italian and Spanish languages; and finally into English, and published in the American Journal of Homœopathia in 1834; from whence it was republished in the Homœopathic Examiner in 1840, and copied in the Health Journal during the same year.

35. Eseulapius upon the balanee. Leipzig, 1805. 1 vol.

36. A new system of medicine, based upon pure experience. Berlin, 1805. 1 vol. 8vo.

37. Remarks upon the proposed substitutes for Peruvian bark, and upon substitutes in general. 1805.

38. An essay on scarlet fever. 1808.

39. An essay on the value of the speculative systems of medicine. 1808.

40. Remarks on the insufficiency of the present materia medica. 1808.

41. An essay on the abuse, and dreadful effects of mercury. 1808.

42. Upon the necessity of a reform in the practice of medicine. 1808.

43. A treatise upon syphilis. 1809.

44. An essay on nervous fevers. 1809.

45. On the signs of the times, as regards the practice of medicine. 1809.

46. A monograph on the only three possible methods of curing disease.

47. The Organon. Dresden, 1810. 1 vol 8vo. A second edition was published in Leipzig in 1819; a third, in 1824; a fourth, in 1828; and a fifth, in 1833. It was translated into French by Baron Brunnow in 1824; a second French edition was published, at Dresden, in 1832; a third, at Paris, in 1833; and Dr. A. I. L. Jourdan published a fourth, in 1834. It was translated and published in the Hungarian dialect, at Pest, in 1830, under the title of *Organon (Eletmüse) a Gyogymuveszse-guek vagy Hahnemann Samuel*. Into Italian, by Dr. Guranta;

into Swedish, in 1836, by Dr. P. I. Lindbeck, of Stockholm, under the title of *S. Hahnemann Organon for Läge-Kunst*. Into English, at Dublin, by Dr. C. H. Devrient, in 1833; and in America, by Dr. Constantine Hering, of Philadelphia. SECT. II.

48. *The pure materia medica*. Dresden, 1811. 6 vols. 8vo. A second edition was published in 1822; a third, in 1830; and a fourth, in 1833. It was translated into Latin, in 1826, by Drs. Stapf, Gross, and Brunnow; into French, by Dr. Bigel, in 1827, under the title of *Matière médicale pure de Dr. Hahnemann*; into Italian, by Dr. Fr. Romaine, in 1825, under the title of *Pura dottrina delle medicine del Dr. Hahnemann*. This is the great work of Hahnemann.

49. A dissertation upon the use of homœopathic medicines by physicians of the old school. 1812.

50. A treatise upon nervous and hospital fevers. 1814.

51. A treatise upon syphilis. 1816.

52. An essay on burns. 1816. A second edition was published during the same year.

53. Remarks upon suicide. 1819.

54. An essay upon purpura miliaris. 1821.

55. Upon the most certain method of preventing the extension of homœopathia. 1825.

56. *Chronic diseases*. Dresden, 1828. 4 vols. 8vo. A second edition was called for in 1830, and a third in 1835. It was translated into French in 1832, by Dr. Jourdan; and a second French edition was edited by Dr. Bigel.

57. An essay on allopathia. Leipzig, 1831. 1 vol. 8vo.

58. A treatise on cholera. 1831. 1 vol. 8vo. A second edition was published at Coethen in 1831; a third at Leipzig during the same year; a fourth at Berlin, in 1831, edited by Counsellor Stüler; and a fifth, at Nuremberg, in 1832.

Who can read this statement of labours without perceiving that the mind of Hahnemann must have gone through, in translating or in writing these works, one of the best mental trainings? The direction of his mind to that department of the medical art, his success in which will confer immortality on him, is strikingly apparent from the perusal of this list. Thus he translated Cullen's *Materia Medica*, which was the standard

SECT. II. work of the time; a work indeed, considering the period at which it was published, of great merit: he translated also the *Materia Medica* of Monro. He translated another standard work on *Materia Medica*, that by Haller. He thus must have attained a perfect knowledge of all that was known on the virtues of medicines previous to his time: this knowledge helped him, by showing what was known, and how little that was, to feel the miserable imperfection of the knowledge of the virtues of medicines.

The still more intimate investigation by him of these subjects is exhibited in the fact, that he published a treatise on the *Falsification of Medicines*.

In fact, the more the matter is examined the more clear does it appear, that Hahnemann had all the mental conditions of a great discoverer: and is it wonderful that he should have discovered? Truth is ever ready to be embraced; only he, who attempts to embrace her, must prepare himself. "The kingdom of heaven is taken by violence" is a dogma taught elsewhere; and the kingdom of natural truth is to be taken in the same way. Truth requires mighty effort to persuade her to give up one of her virgin purities to human embrace: she requires any one, who attempts to gain such a glorious object in mental marriage, to go through a course of mental purification and mental drilling, which few have the courage to adhere to.

Hahnemann had all the will to submit to the terms imposed; and he gained the immortality, resulting from marrying his name to a truth.

"Go and do thou likewise," may be with propriety said to the contemners of Hahnemann. Contemners indeed: men, who would think themselves quite fit to be niched in Fame's temple, if they had produced any two works equal to the most inconsiderable of those produced by the man whom they contemn.

SECTION III. — IGNORANCE OF MEDICAL PRACTITIONERS, BOTH ALLOPATHIC AND HOMŒOPATHIC, ON THE SUBJECT OF DIET.

In health and when free from food, the stomach is usually SECT. III.
entirely empty, and contracted upon itself.

The inner coat of the stomach, in its natural and healthy state, is of a light or pale pink colour, varying in its hues according to its full or empty state. It is of a velvet-like appearance, and is constantly covered with a very thin, transparent, viscid mucus, lining the whole interior of the organ. This coat (membrane) presenting the first appearance, is called the *villous*, or velvety membrane; also, from being covered with mucus, the *mucous* coat.

On the application of aliment, the action of the vessels is increased, the colour brightened, and the vermicular motions excited.

On viewing the interior of the stomach, the peculiar formation of the inner coats is distinctly exhibited. When the stomach is empty, the folds or rugæ appear irregularly folded upon each other, almost in a quiescent state, of, as already stated, a pale pink colour, with the surface merely lubricated with mucus.

“ The gastric juice does not begin to accumulate in the cavity of the stomach, until alimentary matters are received, and excite its vessels to discharge their contents, for the immediate purpose of digestion. It is then seen to exude from its proper vessels, and increases in proportion to the quantity of aliment *naturally* required, and received. A definite proportion of aliment, only, can be perfectly digested in a given quantity of the fluid. From experiments on artificial digestion, it appears that the proportion of juice to the ingestæ, is greater than is generally supposed. Its action on food is indicative of its chemical character. Like other chemical agents, it *decomposes* or *dissolves*, and after combining with a fixed and definite quantity of matter, its action

SECT. III. ceases. *When the juice becomes saturated, it refuses to dissolve more ; and, if an excess of food have been taken, the residue remains in the stomach, or passes into the bowels in a crude state, and frequently becomes a source of nervous irritation, pain, and disease, for a long time ; or until the vis medicatrix naturæ restores the vessels of this viscus to their natural and healthy actions—either with or without the aid of medicine.”*

Such are the conditions of the stomach in the state of health.

Its conditions in a state of disease are now to be noticed.

“In febrile diathesis, or predisposition, from whatever cause—obstructed perspiration, undue excitement by stimulating liquors, overloading the stomach with food—fear, anger, or whatever depresses or disturbs the nervous system—the villous coat becomes sometimes red and dry, at other times pale and moist, and loses its smooth and healthy appearance ; the secretions become vitiated, greatly diminished, or entirely suppressed ; the mucous coat scarcely perceptible ; the follicles flat and flaccid, with secretions insufficient to protect the vascular and nervous papillæ from irritation.

“There are sometimes found, on the internal coat of the stomach, eruptions, or deep red pimples, not numerous, but distributed here and there upon the villous membrane, rising above the surface of the mucous coat. These are at first sharp-pointed and red, but frequently become filled with white purulent matter. At other times, irregular, circumscribed red patches, varying in size or extent from half an inch to an inch and a half in circumference, are found on the internal coat. These appear to be the effect of congestion in the minute blood-vessels of the stomach. There are, also, seen at times small aphthous crusts in connection with these red patches. Abrasion of the lining membrane, like the rolling up of the mucous coat into small shreds or strings, leaving the papillæ bare for an indefinite space, is not an uncommon appearance.

“These diseased appearances, when very slight, do not always affect essentially the gastric apparatus. When considerable, and particularly when there are corresponding symptoms of disease, as dryness of the mouth, thirst, accelerated pulse, &c., *no gastric juice can be extracted, not even on the application of alimentary stimulus.* Drinks received are immediately absorbed.

or otherwise disposed of, none remaining in the stomach ten minutes after being swallowed. Food taken in *this* condition of the stomach *remains* **UNDIGESTED** for *twenty-four or forty-eight hours or more*, increasing the derangement of the whole alimentary canal, and aggravating the general symptoms of disease.”

Dr. Combe remarks on these statements of Dr. Beaumont:—

“These appearances of the villous coat and the non-secretion of the gastric juice in feverish states of the system, are very important in a practical point of view, and show how injurious and contrary to nature it is to insist on giving food in such circumstances by way of supporting the strength. Drinks are useful, because they are not digested, but absorbed, and thus refresh the body; but solid food taken into the stomach, can act only as an irritant where there is no gastric juice to digest it.”

For this valuable, this exact information, the world is indebted to the talent and the tact of Dr. Beaumont, surgeon in the United States army.

This gentleman happening to have under his care a patient, named Alexis St. Martin, who had been wounded by the discharge of a loaded gun; which, besides inflicting many injuries upon his lungs and ribs, made a wound into his stomach, by which every thing he swallowed escaped.

That wonderful restorative power, which exists in the healthy living frame, at length by causing a portion of the inner lining of the stomach to project at the aperture, produced such an arrangement of the parts as to form a *valve*, which completely closed the aperture, but which admitted of being pushed aside, so as to allow the interior of the stomach and the changes going on within to be observed.

Dr. Beaumont took the man into his service, and realized opportunities of making observations on digestion, the like to which perhaps never occurred before, and it is likely will never occur again.

Dr. Beaumont published a treatise, entitled “Experiments and Observations on the Gastric Juice and the Physiology of Digestion,” which is full of the most valuable information, and from this work the previous statement of the state of the stomach in health and disease has been gathered.

The first part of the statement presents the **REASON** that, the **WHY**, over-loading the stomach produces indigestion. This part of the matter is passed for the present. The principal objects

SECT. III. in this essay being to draw attention to the facts, that, in *disease*, diet is of the highest importance: and that many medical men, both of the allopathic and the homœopathic schools, are not correctly or scientifically informed on this subject.

The want of information on the part of the allopathic practitioners is great. The evidences of this want are continually presented in their practice, they administering wine and other stimulants during the progress of disease. Add to this the fact, that they assert that homœopaths cure their patients by the diet ordered; and then taking the whole together, the proofs of the want of knowledge on the subject of diet, have a strength, which requires no additional remark.

It is to the want of information in connexion with homœopathic practitioners, that the chief importance is to be attached, because as in their proceedings every step is tracked by the enemy, it is essential that no false delicacy should cause the truth to be concealed, ever remembering the observation of old, "Better are the reproofs of a friend than the kisses of an enemy."

The evidence of this want will come out in the narration of the following occurrence:—

A Mr. Cordwell consulted Dr. Curie on the 19th of October, 1844. After passing through various diseased states, this patient died at the beginning of March, towards the conclusion of his disease hæmorrhage from the bowels having taken place.

This gentleman had an acquaintance, named Miss Sharpe. She visited him, found that Dr. Curie had ordered him to take dietetically only toast and water, while the hæmorrhage lasted, and further when the hæmorrhage should stop a *teaspoonful* of beef-tea every two hours.

This, not according with the notions of Miss Sharpe, she wrote to Mr. Cordwell's friends, who called in Dr. Roots on a Sunday, when, he it remarked, Mr. Cordwell was somewhat better than he had been on the preceding day, and Dr. Roots and Mr. Headland coinciding in opinion with Miss Sharpe, he was ordered half a teacup-full of beef-tea: in fact, he had arrow-root and beef-tea, alternately every four hours: and by the combined wisdom of Miss Sharpe, Dr. Roots and Mr. Headland, he had besides brandy, wine, and champagne; indeed, as Miss

Sharpe stated, "every thing that could be supposed to stimulate his stomach." SECT. III.

The patient's stomach however did not respond to the kind sympathy of Miss Sharpe, or to the dietetic wisdom of Dr. Roots and Mr. Headland: for he vomited everything that he took under their direction.

Mr. Cordwell died on the Wednesday following the Sunday on which this treatment was commenced.

It appeared that this was too good a case in the eyes of the advocates of what is called "generous diet;" it was too excellent an opportunity to make an attack on homœopathy; it was too favourable a chance for exhibiting the benefits of having a *medical* coroner, to be allowed to pass by. What happened? Mr. Wakley, the coroner, had certain *anonymous* communications made to him; and he, influenced by these anonymous communications, determined to hold an inquest; and at this inquest, after hearing the *ex parte* statements of the nurses, of Miss Sharpe, Dr. Roots and Mr. Headland, and after the coroner had been requested to hear Dr. Curie, but, when so requested, had recommended Dr. Curie to be silent, as no charge was made against him, Mr. Wakley, the coroner, summed up, and the jury found—

"The jury are of opinion that Henry Cordwell died from exhaustion, caused by loss of blood from the intestinal canal, produced by natural disease: and in complying with what the jury believe to be their bounden duty, in returning their verdict in strict accordance with the sworn evidence of the medical gentlemen who have been called as witnesses, the jury cannot refrain from expressing the strongest feelings of disgust and indignation, at hearing it proved by the testimony of the nurses, that the afflicted gentleman had been cruelly exposed to a system of starvation, while in a state of the most extreme debility, during at least ten days previous to his death; he having, during that long time, been allowed nothing but cold water, by the advice of his medical attendant."

With the finding of the jury Mr. Wakley, a judge, having heard only *ex parte* evidence on a difficult medical question, expressed his cordial concurrence.

Dr. Curie, not having an opportunity afforded to him of

SECT. III. stating what he had done, and why he did as he did do, wrote a letter to the *Morning Post*, (the report of the inquest was published in the newspaper,) in which he endeavoured to establish, by the results of a widely extended experience, that a *diet*, similar to that used in Mr. Cordwell's case, was, in acute diseases, the proper rule.

The fact, that Mr. Cordwell vomited the beef tea and the other "good things," given him by Miss Sharpe, Dr. Roots, and Mr. Headland, would tend to establish, that, at least in the case of Mr. Cordwell, Dr. Curie was correct in his judgment regarding the diet, best suited to his patient.

It appears, however, that, on this occasion, Dr. Curie was to be subjected not only to the injury sought to be inflicted on him by the enemies of homœopathy, but also to the additional injury, resulting from a sensitiveness of certain homœopathists, arising from a morbid sensibility to the honour of homœopathy, not checked by a knowledge of the physiological facts demonstrated by Dr. Beaumont, and recorded at the commencement of this record. This additional injury consisted in a letter to the editor of the *Morning Post*, in which these homœopathists condemned the dietetic rules, laid down by Dr. Curie in his letter to the same editor, maintaining that such rules were not in accordance with the views of their common master, Hahnemann; but unfortunately quoting in evidence of such assertion statements by Hahnemann, where he condemns an officious practitioner for almost starving a *healthy young woman* after a favourable first confinement, and also where in treating upon CHRONIC diseases he remarks—

"The physician must not, by misplaced pedantry (in diet) trifle with the advantages which the homœopathic treatment has over other symptoms, in all diseases, and particularly in chronic complaints, that of preserving the forces of the patient, so that his strength may be supported whilst the disease is diminishing under the treatment."

The gentlemen referred to further justified their decision against Dr. Curie's dietetic rules, by quoting from a work by Dr. Simpson, a gentleman who, though a writer on homœopathy, believed in allopathy as well.

Thus backed, and totally forgetting that the case of Mr.

Cordwell presented an *acute* disease, these gentleman signed their names to the declaration of their want of acquaintance with the facts demonstrated by Dr. Beaumont. SECT. III.

These gentlemen namely, "Frederick Foster Quin, M. D.; Joseph Gilioli, M. D.; William H. Mayne, M. D.; Hugh Cameron, M.R.C.S.; Harris Dunsford, M.D.; William Hering, L. A. C.; S. T. Partridge, M. D.; John D. Charles, M. R. C. S.; Victor Massol, M. D.; Thomas Engall, M. R. C. S.; Alfred Day, M.D.; William Wardroper, M.R.C.S.; William Hamilton Kittoe, M. D.; J. Chapman, M. A. Cantab., M. D.; J. Drysdale, M. D.; Robert Walker, M. D.; Edwards Phillips, M. R. C. S. E.; Berry King, M. A. Oxon., M. D.; Henry R. Madden, M. D.; Claudius B. Ker, M. D.; John Norton, M. D.; James Goodshaw, M. D.; George Newman, M. R. C. S.:"* would have done much better had they acquainted themselves, before deciding to exhibit this sensitiveness, with the interesting discoveries of Dr. Beaumont: especially with the facts, "These diseased appearances, when considerable, and particularly when there are corresponding symptoms of disease, as dryness of the mouth, thirst, accelerated pulse, &c., *no gastric juice can be extracted, not even on the application of alimentary stimulus*. Food taken in *this* condition of the stomach, *remains* **UNDIGESTED** for *twenty-four or forty-eight hours or more*, increasing the derangement of the whole alimentary canal, and aggravating the general symptoms of disease."

Some have not charity enough to consider the motive for this declaration to consist in a regard for homœopathy: indeed, so strong was the impression on the mind of a homœopathist, (Mr. Sampson,) formerly a member of the English Homœopathic Association, that some inferior motive actuated the attachment of their signatures by these gentleman to this declaration against Dr. Curie, that, when the English Homœopathic Association was founded, Mr. Sampson moved a resolution to exclude these gentlemen from membership of the Association, until they made the *amende honorable* to their *confrere* Dr. Curie.†

* These names are recorded, although amongst them are some whose title to homœopathists is much to be questioned.

† At a special meeting of the English Homœopathic Association, held Nov. 28,

SECT. III. It is certain, that, if Dr. Beaumont is to be believed, Dr. Curie was right.

As this subject is rather important, such mistakes being continually made respecting diet in the treatment of the sick, a few additional remarks may be useful.

In disease, the life power is directed to get rid of the injurious effects of the cause, which has induced the disease. The life power makes violent efforts, and these efforts are often destructive; but the physician steps in, and, by the appropriate medical means, he directs the life power into the channel for its right exercise.

He does not seek, (scientific homœopathic practice is here referred to), to divert the life power from the part or parts diseased, (the allopathist foolishly does), but he seeks to direct its exertions in that part or those parts aright. He knows that he must suspend all other appeals to the life power, while this struggle is going on. This is particularly the case with regard to diet, as Nature teaches by giving a loathing of food in almost all acute diseases.

He says, what will satisfy the thirst will refresh without causing any necessity to the life power to be directed to the stomach to *digest*. He finds that water is such a diet—water simple: water and nothing else: not even toast and water.

Why not toast and water? Because toast imparts some glutinous, some fecular portions to the water, which will require the stomach to be engaged in *digestion*; but simple water is *absorbed*: it needs no life power to be directed to the stomach to *digest* it.

Hence the rule is sound, “give nothing but water to drink as a drink.” Barley water, gruel, arrow-root, sugared water, in fact all *additions* to water are bad: for all these additions require a digestion: and all these digestions interfere with the life power in its action in restoring health.

1848, the following resolution, moved by Dr. Curie, and seconded by Mr. Templeton, was carried unanimously:—That this Committee, though disapproving of the act committed by the individuals referred to in the resolution of July 10, 1848, regard that the Association is not sufficiently identified with the matter in question, as to justify the continuance of such resolution on the minutes, and therefore declare it null.

This is supposing the stomach can digest them, which, according to Dr. Beaumont's statement is doubtful: if not able to digest them, then the evil from taking such additions to water is augmented tenfold. SECT. III.

But even supposing that they *are* digested: the temporary withdrawal of the life power from the part or parts diseased may perhaps suspend, just at the time when it is of the highest importance that no suspension should take place, some just being made link in the chain of cure, which being arrested in its completion the life chain is never perfected, breaks and death or imperfect cure comes.

Many times has the treatment of cerebral disease, when going on favourably, been arrested by some kind but unwise mother giving her child some beef-tea to strengthen it.

When the diseased action is beginning to cease, then appetite comes: and then barley water, beef-tea, arrow-root, may be taken at the usual times when the meal times were taken in health; but in the intervals, even then, let water, simple water, be the drink; otherwise the stomach will never have rest; it will always be engaged in digesting; and thus the cure will be arrested or made imperfect.

NOTE.—This subject is further examined in the section of the Appendix, entitled "Coroners' Inquests and Homœopathy."

SECTION IV.—THE PROGRESS OF HOMŒOPATHY.

SECT. IV. Homœopathy has made rapid progress. Such a result was likely, notwithstanding the opposition to it: this result being founded upon the great fact, that all men can perceive the truth of a change from health to disease, and the perception is so strong, that no sophistry can set aside the facts of the change, and of the medium through which the change was effected. The conviction embodied in “I was blind, and now I see,” was sufficient to enable a poor, and perhaps an unlettered man, to overturn all the arguments of the *élite* of the Jewish rulers. So with cures. Homœopathists can and do effect cures where allopathists cannot. The cured recognize this, and the consequence is the diffusion of homœopathy.

It may be interesting briefly to glance at the spread of homœopathy. The facts collected are arranged in connexion with other countries and with this country.

It has been said that homœopathy has been tried in RUSSIA, and failed.* The fact is, that, in Petersburg, Moscow, and

* In the *Medico-Chirurgical Review* for July, 1834, there is an article headed, “Fatal Blow to Homœopathism in Russia.”

“To give a specimen of the practical excellencies of homœopathism, we cannot do better than allude to the course which has been pursued by the Russian Government towards it. A Saxon physician, M. Hermann, the great apostle of the system in Russia, was invested by the grand Duke Michael, with full powers to display in a course of clinical experiments, its superiority over the common practice and theory of the day.

“One of the wards of the Hospital de Tuttschin, which contained a number of soldiers affected with fever and dysentery, was allotted to his special management during a space of two months.

“The following table exhibits the results :—

	Patients.	Cured.	Died.	Remaining.
Common method,	457	364	0	93
Homœopathic do.,	128	65	5	58

“It seems that the Grand Duke could use his eyes: he was satisfied, and withdrew his commission.

Riga, homœopathic practitioners abound. In Petersburg, the half of a government hospital for women, containing 100 beds, SECT. IV.

“ However, some time after this the Ministers of the Russian Government summoned Mr. H. to Petersburg, gave him authority to select his own hospital, and to make any arrangements he thought fit. The wards were fresh painted, and every hygienic precaution faithfully executed. Even the kitchen was placed entirely under his control and superintendence; and in order to prevent the possibility of any interference a sentinel was placed before the door, and none permitted to enter during the occasional absence of M. Hermann. His first request respecting the patients was a very moderate and modest one, viz., that none should be sent to his hospital who laboured under ulcers, syphilis, dropsy, phthisis, &c., and that he should have the selection of all his cases.!! Even under these most fortunate circumstances, the results were most unfavourable to the new system; the proportion of deaths to recoveries was much higher than in ordinary practice, and the duration of the treatment was always protracted and tedious.”

[Such is the statement. What are the facts?]

The above story was indited by a person of the name of Seidlitz, and had its origin in an hospital trial which took place about seven years previously. The Emperor himself, and not the Grand Duke, ordered Dr. Hermann, in 1827, to take charge of a military hospital at Tulzyn, in Podolia, not Tuttschin, for the space of *three*, not *two* months. During the first two months of the trial, five of the patients died, and the last month, which the Med. Chir. has entirely omitted, but one died.

	No. Received.	Cured.	Remaining.	Died.
True Report,	164	140	18	6
False Report,	128	65	58	5
Sum of misstatement,	36	75	40	1

Four of these persons who died were examined after death by allopathic physicians, when the following results were elicited:—the first had ossification of the bronchiæ; the second was in the last stage of pulmonary consumption, brought in at his urgent entreaty, and died in four days; the third was brought from the lazaretto of a regiment, where he had long been treated for ague, complicated with senrvy and diarrhœa; he died soon after his admission of gangrene of the scorbutic ulcers; the fourth had enlargement of the liver, induration of the spleen, and atrophy of the heart.

One very singular fact must strike the reader, that in the report given by the Med. Chir. Review, 457 patients labouring under fever and dysentery were treated allopathically for two months, and not a single death occurred. Most novel occurrence! What a happy scheme to fall upon, to curtail the duration of the trials to two months, and thus pass over the third month; for even taking Seidlitz's statement, *numbers of the patients died on the sixty-first day*, that is, the very *first day after he closes his report*, in consequence, as he says, “of an altered balance between the circulation and excitability!”

In regard to the trial at St. Petersburg, which was conducted under the supervision of a commission appointed by the Government, of allopathic physicians, that commission reported that the trial was “*not unfavourable to the new system.*”

This trial took place in 1829. The general results of this trial are as follows:—

SECT. IV. has been devoted to homœopathie treatment. Homœopathy is legalized, the lieensed homœopathie laboratories are numerous, and the seale of eharges of homœopathie medieines is fixed. Homœopathists are allowed to prepare and dispense their own medicines. So far from being found wanting in Russia, a homœopathist holds his position as one of the medieal counceillors of the state. Many of the nobility praetise (praetitioners are very searee in Russia) homœopathy on their own estates. A patient of the writer, the Baron de Bode, one of the emperor's counceillors of state, took over to Russia a large supply of homœopathie medieines for the persons on his estates.

In PRUSSIA, very stringent laws are enaeted to prevent improper medieal praetitioners tampering with the health of the people. The offices of physieian and of apotheeary are quite distinet, and it was equally illegal for a physieian to sell medieine, as for an apotheeary to vend it without a written order from a physieian, and none but a person who had passed through a series of trials, first before the central board, and afterwards before the loeal one of the part of the eountry in which he purposes to praetise, was allowed to exereise the ealling of physieian.

These regulations were found to be very oppressive to homœopathie physieians, prinieipally from the ineapaeity of apotheearies to prepare their medieines. In 1843, the Prussian

whole number received 395: cured, 341; recovered, 10; died, 23; convalescent, 8; remaining curable, 11; remaining incurable, 2.

Of the twenty-three deaths, five occurred of patients labouring under pulmonary consumption; four of twenty-seven cases of malignant fever; one of forty-four cases of bilious fever; and three of four cases of organic lesions of long standing. The remaining ten deaths occurred of seven various diseases, without, even in the eyes of the commission, attaching censure to the system.

The above account is condensed from the official report of the commission of allopathic physieians appointed by the Russian Government.

For the information of the Med. Chir. Review, we would mention that six years after this "fatal blow," it seems that the Emperor, like the Grand Duke, "could use his eyes," and, therefore, issued an ukase or order for the establishment of homœopathic apothecaries in the various governments of that vast Empire. The ukase was published in November 1833. Homœopathy is steadily extending through Russia.—*Quoted from Dr. Black's Principles and Practice of Homœopathy, pp. 179—183.*

government took into special consideration the hardship, and from the length of time homœopathy had existed in that country, and the number of physicians who had adopted it, deemed it expedient to enact, by a cabinet order signed by the king and three of the ministers, an edict to this effect, that any physician properly qualified for practice, (that is, with the various licenses,) may himself dispense homœopathic medicines: that he may not do so without a special license from a board of examiners, who are to ascertain his knowledge of botany, chemistry, pharmacy, and the homœopathic method of practice, the board itself to be appointed by the minister of public instruction and medical affairs: that this license shall be granted only to graduated physicians, not to doctors of surgery, or ordinary surgeons: that all homœopathic physicians shall be required to keep a supply of the strong tinctures of the medicines they employ, and also, that they shall keep a register of all the patients they treat, and the medicines they give to each patient: that any person practising homœopathically without this license shall be punished in accordance with the laws for preventing the sale of medicines by improper persons. (*Allgemeine, Hom. Zeitung*, 9th October, 1843.)

The King of Prussia, at the recommendation of his allopathic physicians, has, with the happiest results, tried the system on himself and members of his family.

The ambassador of the King of Prussia now resident in this country is, it is believed, a homœopathist.

In August, 1845, a homœopathic association, similar in construction and objects to the English Homœopathic Association, was founded in Königsberg. An account of the meeting was published in the *Königsberger Zeitung* of August 11th, 1845. Among the names of those interested is that of the now celebrated Von Arnim.

To pass to AUSTRIA.

It is a fact, that, not long since the practice of homœopathy was strictly forbidden in VIENNA. The medicine chests of the homœopathic physicians were seized by the domiciliary police.

In Prague, the homœopathic physicians practising in that town were cited by the Austrian authorities, who, on finding it

SECT. IV. impossible to reconcile the existing laws with the prevailing homœopathic practice, dropped the matter.

What added much to the recognition of homœopathy in Austria, was the fact of the cure of a malignant tumour of the eye, which affected the Field-Marshal the Count Radetsky in the year 1841.

At present, besides the homœopathic hospital at Vienna, a homœopathic hospital connected with the order of the Sisters of Charity, under the medical direction of Dr. Reiss, opened in 1842, is now in active operation at Linz : at Gyöngyös, in Hungary, is another hospital, under the care of Dr. Herner. At Raab, in Hungary, a public expression of thanks was given to the homœopathic physicians.

A society of homœopathic physicians exist at Vienna. The principal object of this society is to prove again the medicines proved by Hahnemann. In connexion with the proceedings of this society, the following interesting fact is recorded :—

Dr. Arnetli, one of the provers, after taking one or two doses of aconite, without knowing what it was he took, experienced all the symptoms of inflammatory fever, and, thinking he had caught cold in some way, took some globules of aconite—for he found the very symptoms experienced by him are described under aconite in Hahnemann. This drug he was taking, but without his knowledge.

The task this society has laid upon itself, requires a greater amount of self-denial and resolution than that imposed upon any body of scientific men, and whatever be the result of their labours, medical science must ever be indebted to them for their severe self-imposed sufferings in its cause.

The government has commissioned twelve homœopathic Viennese physicians to compile a homœopathic pharmacopœia for the use of the Austrian states.

The government has, however, suspended the meetings of all societies, (for the meeting of men of science and Austrian despotism do not tally,) and consequently the Homœopathic Society does not meet, and as yet the Austrian *Homœopathic Journal* has not reappeared.

The King of BAVARIA sent Dr. Roth to Austria to collect the

documents relative to the homœopathic treatment of cholera; SECT. IV. and on the publication of these documents, which proved how successfully this treatment had been used in that disease, the Bavarian government decided that homœopathists should be allowed to practise, although the practice of homœopathy was prohibited in prisons, hospitals, and almshouses. In 1848 a decree was issued, by which homœopathists were allowed to treat homœopathically in all the prisons, public hospitals, and almshouses, those who expressly wished to be so treated.*

The former Duke of ANHALT-COETHEN issued a proclamation, recommending homœopathy to the attention of his people.

The Duke of LUCCA established a large hospital, where patients are treated exclusively homœopathically.

The SAXON parliament voted money for the homœopathic hospital in Leipzig.

In COPENHAGEN, a special department is allotted in the hospital for patients who are for homœopathic treatment; and a lazaretto has been allotted for homœopathically treated patients.

In 1832, homœopathy was making great progress in Darmstadt, in Geissen, in Lich, and in Gurnberg and other towns. The apothecaries, whose trade was in danger, appealed to the law, which prevents the physician dispensing his medicines, and they obtained from the government the following order, which was published June, 1832, in Mayence, Geissen, and Darmstadt.

“ There is no permission granted to the homœopathic physicians which allows them to dispense their own medicine, and by this are meant the dilution and the preparation of medicines obtained at the apothecaries’ shops. The law can make no difference between homœopathic and other physicians; both alike must prescribe medicines for patients out of the apothecaries’ shops alone. But it is in the power of homœopathic physicians to be present when the apothecaries prepare medicines, to see that the requisite attention is bestowed on them.”

* A proceeding very different from that adopted to the poor of Glastonbury, who petitioned to be allowed to be treated homœopathically by Mr. Newman, but were refused by the poor law commissioners.

SECT. IV. Dr. Weber, who, to meet this difficulty, gave his medicines to his patients, was fined 30 dollars; the consequence was that 1300 families in Oberhesse and the neighbouring provinces petitioned the ministry to withdraw the prohibition. The ministry refused to interfere. The petitioning parties then addressed the grand duke, but in vain. The advocate Sundheim wrote on the legal bearings of the question, and presented a petition to the Second Chamber of Deputies, begging them to examine the laws referring to the dispensing of medicines.

A committee was appointed to inquire, and upon their report a discussion upon the whole matter took place in the chamber. The arguments urged are interesting. Deputy Höpner observed:

“The grievance complained of is undoubtedly one of the most important subjects for the consideration of this parliament (*Landtag*), for it affects the question, whether a new medical system, which threatens wholly to overturn the old ones, be allowed to afford the evidence of experience as to whether it deserve the preference or not? That homœopathy is only a negative system, inasmuch as the medicines cannot operate, and that the homœopathists are mere spectators of a disease until nature affords relief, is a manifest *petitio principii*, since the homœopathists do give medicine, although in small doses. The decision of the matter before us must rest upon the answer to two questions. *First*, Has homœopathy a claim to be a real scientific system? And, *second*, Does it suffer from a law which stands in the way of homœopathic physicians dispensing their own medicines? Both these questions must be answered in the affirmative. The first admits of no difference of opinion: even the allopathic physicians admit the affirmation; and if it be admitted, then must the homœopathic physician have the right to practise. Homœopathy is daily gaining ground, and threatens all the other systems with overthrow—and also the pharmacy. Here chiefly does the keen strife between allopathy and homœopathy seem to take place. It is indeed very natural that the allopathic physicians and the apothecaries should employ every means in their power to arrest the threatening storm; but that can be no reason why the question of grievance should not be fairly discussed by the parliament.

“In reference to the second question, there seems to be no

law to prevent homœopathists dispensing their own medicines. SECT. IV
 If the homœopathists were forbidden to dispense their medicines, it would be equivalent to forbidding them to practise. The apothecaries are not instructed in the preparation of the homœopathic medicines; and, besides, they have an interest in frustrating the efforts of the homœopathists. From these, and other reasons, I am for the passing of the motion (i. e. to remove all legal obstructions). It were indeed much to be regretted for the interests of humanity, if homœopathists were, by the dispensing of medicines by physicians being forbidden, unable to afford proof of the superiority of their system to all former ones; for altogether irrespective of its scientific claims, it offers many other advantages in the cheapness of its means, the strictly abstemious diet it requires, and in various other respects which former speakers have enlarged on."

The chief objector against adopting the resolutions of the Second Chamber, was the Chancellor Armsand: his chief objection was the interference with the privileges of the apothecaries.

To an objection urged, *that medical colleges alone could decide this matter*, the Prince of Solms-Lich replied—

"It would be perfectly true if the said colleges were equally composed of homœopathic and allopathic physicians. As long, however, as this was not the case, so long would these colleges decide in their own favour; and one might expect that their prejudices, more than their reason, would influence their judgment."

The subject was subsequently discussed in the Second Chamber of Deputies of Baden, and in the discussion the Councillor Herr, after showing the necessity of having proper persons to teach and examine graduates wishing to practise homœopathy, made the following rational objection to the examination being conducted by the practitioners of the old system:

"To take an example from the Church here in this State,—a system of education is provided both for Protestant and Roman Catholic clergy; but there is a separate examination for the different candidates; it would be ridiculous at the least to make Protestants examine Catholics, and Catholics Protestants."

The chamber at length addressed the duke.

SECT. IV. "1. That the number of physicians who practise homœopathically is considerable, and increases more and more.

"2. That the homœopathic system has won so unusual an interest among the people, that the Legislature can no longer remain indifferent, but is bound to establish laws which the public weal demands.

"3. That no obstacles, unless it be absolutely necessary, should be laid in the way of the progress of science; on the contrary, much more should it receive all encouragements, which really is to the advantage of the citizen. And that also,

"4. On the other hand the citizen is entitled to be protected against the abuses to which this system may be turned. It was Unanimously agreed most humbly to petition your Royal Highness,

"1. Until the next meeting of Parliament [or the Estates] to appoint a committee of physicians equally efficient and experienced in the allopathic and homœopathic medical systems, to determine the best way of ensuring instruction in the new method.

"2. That physicians be allowed to give homœopathic medicines gratuitously.

"3. Moreover, let it be permitted that only licensed physicians practise the homœopathic method; and to meet this requirement, that candidates in medicine be examined on homœopathy at the examinations authorized by the State.

"This petition we lay with deepest reverence at the foot of your Royal Highness' throne. *Carlsruhe, 2nd October, 1833.*

"In the name of the most humble and obedient Second Chamber of State Deputies,

"PRESIDENT MITTERMAIER.

SECRETARY RUTCHMANN.

DR. NORDES V. DURRHEIMB."

In the duchy of BRUNSWICK, about 1833, the Brunswick College of Medicine issued a decree, "*That no student could receive his doctorate, if he entertained the intention of practising homœopathy;*" and even at a later date the college required pledges of the graduates not to pursue the homœopathic system. In 1842, such was the hold that homœopathy had taken of the public

mind, that the ministry appointed Dr. Trelitz to examine all students who intended to practise homœopathically. (*Allgemeine Zeitung* of Leipzig, April, 1842.)

Subsequently Brunswick, through the magistracy, expressed its gratitude for homœopathy, in presenting a handsome present to the two chief homœopathic physicians.

The progress of homœopathy in GENEVA is exhibited in the fact that it roused the selfishness of the allopathic practitioners, who attempted to stop the progress of this noble art of healing, by inducing the Grand Council to pass, in the year 1845, a law, to the effect "that no one is to prepare, dispense, sell, or give any medicine, or any thing used as medicine, except apothecaries." This was to prevent the homœopathic physicians, of whom there were four at the time in Geneva, from giving their own medicines; the allopathists knowing that the apothecaries could not be trusted to make up the homœopathic remedies.

In reference to SPAIN, homœopathy is rapidly progressing. The most enlightened men in Spain are the members of the medical profession. An attempt was made, about the year 1838, not to allow a homœopathic physician to practise, by the municipal council of one of the chief cities of Spain applying to the "Superior Council of Medicine." The superior council decreed:

"EACH PHYSICIAN, AUTHORIZED BY THE TITLE OF DOCTOR, IS EXPECTED TO HEAL THE SICK, WHO ENTRUST THEMSELVES TO HIS CARE, BY SUCH MEANS AS SCIENCE AND HIS CONSCIENCE INDICATE TO HIM AS THE MOST PROMPT, MILD, AND CERTAIN."

A homœopathic society exists in Madrid, and in its bulletin for October, 1847, it is recorded:—

"We are happy to be able to announce that Her Majesty Queen Isabella II., being extremely satisfied with homœopathy, and with the services rendered by our worthy president, Dr. Nunez, has been graciously pleased to testify her satisfaction, by decorating him with the Grand Cross of the Royal Order of Charles III., and has at the same time appointed him her physician in ordinary."

Among those noble-minded men who in Spain have helped forward the cause of homœopathy, Dr. Joseph Sebastian Coll

SECT. IV. is worthy of mention. He commenced the study of homœopathy late in life. He practised it in the Civil Hospital at Tovo, (Old Castile,) receiving none into his hospital except those *declared incurable* by the other professors of the hospital, and, when cured, not allowing them to be dismissed till their cure was *certified* by the self same professors; thus collecting indisputable evidences to the efficacy of the homœopathic treatment.

In the *Lancet* of Sept. 19, 1843, a correspondent resident in Italy thus writes:—"In Milan, homœopathy is all in vogue. Every malady is there treated on the homœopathic system."

At Palermo, a journal is published, entitled *Annali di Medicina Omiopatica*.

The state of homœopathy in FRANCE has been already referred to. The day is dawning there. All the best physicians have no faith in the old system medicine. At a Scientific Congress, held at Strasburg in 1842, one of the subjects discussed in the Medical Section, was the principle of a new classification of medicines. After discussing the subject, the Congress recognised the fundamental principle of Hahnemann, in reference to the virtue of medicines, that they must be tried on the healthy:

The following resolution was passed:—"The Medical Section is unanimously of opinion, that experiments with medicines on healthy individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics, and that it is desirable that all known facts should be methodically and scrupulously collected, and with prudence, caution, and scientific exactness arranged, written out, and published."

The discussion which followed on the use of arsenic is also interesting, as the conclusion arrived at was, that it was necessary to have a particular description of the cases of intermittent fever which required arsenic, and those which required cinchona. And Dr. Boudin's work on the use of arsenic in ague was quoted to show that excellent results were obtained from the 100th of a grain of arsenic.

The tide of general opinion among scientific physicians in France is setting strongly in favour of experiments such as

homœopathists are making. Professor Devergie and Professor Amador openly recommend the practice of homœopathy. Its practitioners are increasing daily, in Paris alone the practitioners amount to nearly ninety. SECT. IV.

A homœopathic society exists in Paris, which, to its credit, adjudged a prize for an essay on homœopathy to Dr. Scott, of Glasgow. In Bordeaux the physician of the largest practice and highest repute is a homœopathist.

AMERICA is far in advance in reference to homœopathy. It has a homœopathic journal. It has its Hempel, its Okie, its Pulte, its Hering, (the researches of the last in reference to *Lachesis* will immortalize him,) its Wood, and nearly six hundred others, who adhere to the grand law, “*similia similibus curantur.*”

It has an “Institute of Homœopathy,” which recognizes as members only those who have passed through the regular course of medical study, and who have gone through an examination before a board consisting of twenty-seven physicians.

It has a journal which is rapidly progressing in excellence.

Pennsylvania has gained the highest rank in the history of homœopathy, by having, through its legislature, chartered this year (1849) a homœopathic college, which has its appointed professors, and has the power of conferring a degree of M.D. on those who pass the appointed examinations.

Professors are appointed on all the different branches of medical science; in fact, the college is as complete as any college in this kingdom.

This is the most important step in relation to homœopathy hitherto recorded.

AFRICA has derived benefit from homœopathic medicine. Mr. Peter Stuart sent out a chest of homœopathic medicine with his ships, and the effects have been most satisfactory. The following letters, one from Capt. Johnson, at the river Bonny, and the other from supercargo Macdonald, from the river Benin, have interest:—

“*Bonny, May 28, 1844.*”

“The homœopathic medicines have not failed in one instance. It is a good thing I have them, for my surgeon is a poor fellow

SECT. IV. and a heavy tax upon the ship. I think the medicine chest has been fitted up for his use ; he is never out of it or the brandy decanter. God help him.

“JOHN JOHNSON.”

“*Benin River, July 18, 1845.*”

“My dear Mr. Stuart,—Since my last, I regret to have to inform you that I was laid upon a bed of sickness, from the 2nd up till the 14th, by a severe bilious fever. I took neither calomel, strong emetics, or purgatives, which, with the medical men here, is the usual practice. I took merely the homœopathic medicines, as indicated by the symptoms. Consequently when the fever was subdued, I rose from my bed of sickness, *nearly as strong* as when I was taken ill.

“CHARLES McDONALD.”

Captain Logie found at Sierra Leone the homœopathic treatment of diarrhœa, of African fever,* and of dysentery, to be very efficacious.†

Homœopathy has taken root in India. A most interesting exhibition of this is contained in the following statements :—

* The symptoms of, and directions for treating African fever, are given in full in the *Journal of Health and Disease* and *Monthly Journal of Homœopathy*, vol. IV., pp. 219—223.

† After voyaging three weeks on his way to Sierra Leone, he remarks, “I caught cold, which produced diarrhœa. For the first three days I took no medicine. I thought if I took your medicine directly, and became well, I should think that nature and not your medicine had cured me ; and being determined to *test* the effect of the small doses, I let the diarrhœa alone for three days. I then felt very ill ; and took two globules of *china*, and repeated the dose three times, and was cured. The next time I tried your medicine was for AFRICAN FEVER, on a young man belonging to the ship, and I assure you I was astonished at the immediate effect the medicine had. He was quite delirious, I gave him *belladonna*, two globules ; and repeated the dose three times, and the delirium left him. He had some of the worst symptoms of fever that you describe, especially that for which you recommend *rhûs* ; * *rhûs* I gave him, and it immediately removed his symptoms. The next trial I had was for DYSENTERY in a black man, belonging to the shore, which also I cured. I also cured ague and fever in myself and several others, and used nothing but homœopathic medicines.” These interesting facts are recorded in a letter dated May 7, 1847.

* Mr. Epps, in preparing homœopathic medicine chests for Africa, encloses a statement of the symptoms of the diseases prevalent on the coast of Africa and the treatment. It is to such statement that Captain Logie refers.

Mr. Samuel Brooking, residency surgeon at Tanjore, wrote to SECT. IV. Mr. Epps, homœopathic chemist, June 6, 1848, for a chest of medicines, stating that the same was wanted for an hospital, erected by the Rajah of Tanjore.

In a subsequent letter, May 6, 1846, Mr. Brooking thus writes to Dr. Epps: "My position at Tanjore enables me to give myself up entirely to the practice of homœopathy, as I hold the appointment of Durbar Surgeon to the Rajah, and have a very large hospital under my entire charge."

He adds, "I am practising homœopathy with great success here."

In reference to his embracing homœopathy, the following is Mr. B.'s interesting statement:—"My own case, as regards homœopathy, is similar to that of many others, who now practise it. I first ridiculed and doubted, then made a trial, was satisfied that the infinitesimal doses had power, (my great stumbling block,) read deeply, and was convinced."

In reference to this hospital, in a subsequent letter, dated August 8, 1846, Mr. Brooking writes:—"I have monthly three hundred to three hundred and fifty admissions, all of which are treated homœopathically. The practice is received with the greatest satisfaction by the natives of all classes, particularly the Brahmins."

Homœopathy has gained a hold in the Bay of Honduras. The following is an extract from a letter received from a magistrate at Ruatan, an island in the bay:—

"I am greatly obliged to you for the homœopathic medicines. The arnica in particular has been very useful, and the aconite and belladonna in the removal of a lingering fever, to which the inhabitants of this island are subject. I have in several instances found one or two doses remove fever, that, under the allopathic treatment, has defied the power of medicine for eight or nine months. Sulphur and nux vomica alternately, at intervals of eight days, has been remarkably serviceable in chronic diseases of the liver."

The progress which homœopathy has made in the BRITISH ISLES is very considerable, and is illustrated by the two following tables, the first gathered from a paper published by Dr. Drysdale; the second exhibiting the labours of the members of the English Homœopathic Association.

TABLE I.

Medical officers.

1. Edinburgh Homœopathic Dispensary..	4 physicians	..	Oct. 1841 to end of	1848	11,740
2. Liverpool	2 physicians and 1 surgeon	..	Nov. 1841 to Dec.	1848	17,894
3. West London	2 physicians and 1 surgeon	..	1841 to June	1848	2,090
4. Manchester	2 physicians, 1 surgeon and house-surgeon	..	1842 to Feb.	1848	10,263
5. Westminster and Lambeth	3 physicians	..	1842 to	1846	713
6. Newcastle	1 physician	..	1848 to 31 Dec.	1848	2,311
7. Leeds	Physician and surgeon	..	Nov. 1844 to Nov.	1848	2,537
8. Camberwell	1 physician	..	1844	1848	1,400
9. Islington	1 physician	..	1845 to	1848	1,500
10. Birkenhead	1 physician	..	1845 to June	1848	2,395
11. Chester	1 physician	..	..	..	891
12. Marylebone	3 physicians	..	1846 to	1848	1,312
13. Birmingham	1 physician and 2 surgeons	..	1847 to 31 Dec.	1849	..
14. Leicester	1 physician	..	..	..	1,095
15. Exeter	1 physician	..	1848 to May	1849	112
16. Belfast	1 physician	..	May 1848 to Dec.	1848	280
17. Torquay	1 physician	..	to March	1849	314
18. Dublin	1 physician	..	..	..	2,500
19. Brighton	1 physician and 2 surgeons	..	..	..	59,347

This statement is drawn up from a lengthened essay by Dr. Drysdale, published in the *British Journal of Homœopathy*. From this statement are absent the reports of Dr. Curie and of Dr. Epps,* members of the English Homœopathic Association; these are now supplied, besides the reports of some other medical members of the same association.

* In reference to the absence of these reports, the following note is appended to Dr. Drysdale's essay:—"Up to the time of going to press, I have not been favoured with any reply from Dr. Curie, of the London Homœopathic Institution; and from Dr. Epps I have received a note intimating his refusal to furnish any information, on the ground that one of his works was unfavourably reviewed in this journal."—*British Journal of Homœopathy*, vol. VII., p. 363. It is lamentable that Dr. Drysdale should have thus misstated the matter. It may be useful to state the facts. The letter of Dr. Drysdale for information was the following:—

"44, Rodney Street, Liverpool. 25th May, 1849.
 "Dr. Drysdale presents his compliments to the physician of this dispensary, and would be obliged by replies to the questions contained in the above circular, [these questions referred to the number of patients, &c., in the dispensary,] which has been sent to all the homœopathic dispensaries. A reply within a week will greatly oblige, as the information collected is intended for publication in the next number of the *British Journal of Homœopathy*."—To this Dr. Epps wrote this reply:—

TABLE II.

Medical Members of the English Homœopathic Association.

Finsbury Circus Homœopathic Dispensary	Dr. Curie*	1836 to 1849	....	10,400
Ely Place .....	}	....	....	....
Hanover Square .....		....	....	....
Gratuitous patients .....		....	....	....
Brixton	Dr. Epps†	1839 to 19 Nov. 1849	....	18,588
Old Kent Road	Dr. Edward Cronin	.....	....	8,120
Hanover Square Homœopathic Dispensary and South Audley Street..	Dr. Kelsall	26 June 1849 to 3 Oct. 1849	....	310
Blackfriars	Mr. G. N. Epps	.....	....	2,500
	Mr. Yeldham	June 1844 to 1849	....	7,820
				47,748

* 89, Great Russell Street. June 6, 1849.

“Dr. Epps presents his compliments to Dr. Drysdale, and is sorry that he cannot reply to the queries which Dr. Drysdale forwarded in an envelope addressed to Dr. E. He should have been most willing to convey the information which the replies would have afforded, more especially as therein it is likely facts would be presented which would have exhibited the wide extension of homœopathy in the district in which Dr. E. resides ; but Dr. Epps is at once arrested by the fact, that in one of the numbers of the *British Journal of Homœopathy*, (for which journal the information requested is sought,) a statement of Dr. Epps,† made in the volume issued by the English Homœopathic Association, is designated, in a review of that volume, as “fudge.” After such a characterization, it is quite certain that Dr. E. would be degrading himself to submit any statement of his to a person who could be guilty of designating a statement already made by an epithet which implies, if the axiom be true, that we judge others by our own state of mind, the existence of a baseness of mind in the individual promulgating such an insinuation, which would permit him to promulgate statements not in themselves true, and hence he charges others with a similar baseness. Dr. E. expresses his expectation that Dr. Drysdale was not the individual who wrote the review in question.”

On perceiving the above note in the *British Journal of Homœopathy* by Dr. Drysdale, Dr. E. addressed Dr. Drysdale :—

“89, Great Russell Street. July 7, 1849.

“Dr. Epps regrets to find, from the July number of the *British Journal of Homœopathy*, that Dr. Drysdale has placed himself in the position of being obliged to state incorrectly (as Dr. Drysdale must know) the reason why Dr. E. did not send the information requested by Dr. D. Dr. E. fur-ther regrets that it will be his duty, on account of this incorrectness, to publish the letter which Dr. E. sent to Dr. Drysdale.”

* Dr. Curie calculates that, taking an average of twenty prescriptions to each patient, the number of prescriptions written in the period of thirteen years will be 208,000. This has no relation to *private* patients.

† Dr. Epps began homœopathic practice in the beginning of the year 1838. It was not till January, 1844, that he adopted the plan of taking down numerically his gratuitous patients. Since then he has registered 14,588 patients ; to which 4000 added for the four preceding years, make a total of 18,588.

‡ “SEA SICKNESS HOMŒOPATHIC TO THE SICKNESS OF DISEASE, by John Epps, M.D.—In March, 1847, I was consulted respecting a young lady, (the daughter of a gentleman residing near Windsor,) who was lying dangerously ill at a watering place in Scotland. She had vomited every thing she took during a period of six weeks, notwithstanding the aid of the highest professional skill that Edinburgh could afford. Her prostration was excessive ; the least movement inducing vomiting and violent convulsive agitations. She was daily becoming worse. I directed that she should be brought home by sea. The risk was pointed out by her medical attendant, that she might die from the exhaustion consequent upon the sea sickness. I agreed to take the responsibility. She was placed on board the steamer at Leith, and during the voyage to London was not sick once : and after reaching London, she was sick only twice. In fact, the state, called sea sickness without producing vomiting, homœopathically cured the disease—sickness.”—In reference to this paper, the reviewer in the *Journal* observes, “Sea sickness homœopathic to the sickness of disease, to which, like Mr. Burchel, we feel strongly inclined to say, ‘fudge.’” —*British Journal of Homœopathy*, vol. V., p. 332.

SECT. IV. So that it appears that the six medical members of the English Homœopathic Association have had an experience nearly equivalent to that of all the homœopathists in Great Britain. If the number of poor prescribed for by these gentlemen be added to the number prescribed for by the gentlemen referred to in Dr. Drysdale's list, the sum total of poor patients prescribed for will be one hundred and seven thousand and eighty-five.

The English Homœopathic Association just referred to was formed early in 1845. Its objects have been already detailed. It is encouraging to relate how beneficial is opposition to the progress of a truth. The origin of the association may be dated to the disgraceful attack made on Dr. Curie by Mr. Wakley, he giving his approbation to a most unjust verdict of a coroner's jury, (see Appendix, "Coroners' Jurics and Homœopathy.")

The Association proceeded with energy, and much information was diffused in relation to homœopathy. The association published a treatise on homœopathy; all the copies are either distributed to the members or sold to the public.

In 1847 the famine fever and dysentery broke out in Ireland.

The English Homœopathic Association, strong in the conviction of the universal and effectual applicability of the homœopathic law, determined on appointing the Resident Medical Officer of the Homœopathic Hospital to go to Ireland, there to investigate, to note accurately and minutely, and then, after direction, to treat the famine fever and dysentery.

Communications were made with the Archbishop of Dublin, who kindly assisted to carry out the objects of the Association, and the Medical Officer of the Association became engaged, having at least one hundred patients under his care, in demonstrating the benefits of homœopathy. Much credit is due to this officer for the willingness with which he consented to expose himself to the dangers connected with the fever and dysentery, and it will be remembered, that an Association, composed of non-medical as well as of medical members, has shown an example, which, it is feared, no pure medical body had the courage or the philanthropy to take.

The results were highly beneficial: and greater benefit would have resulted in reference to the demonstration of the superiority of the homœopathic treatment, had not the officer,

(then only an incipient homœopathic practitioner,) been prevented by the unwise zeal of others receiving full directions as to the course he should adopt by his seniors, the medical officers of the hospital.

The Association has been working diligently, and has lately demonstrated its efficiency by taking up actively and successfully the case of Mr. Pearce. The association made an appeal to its members and friends, and upwards of £170 have been subscribed with the greatest willingness to meet the attack on homœopathy through Mr. Pearce.

The Association had as one of its members, Mr. Blake, of Taunton, a gentleman who was subjected to a persecution as virulent as his persecutors could make it, but fortunately quite ineffective in staying Mr. Blake's success in the town of Taunton, where he resided and resides. The case of this gentleman the Association was prevented from effectively carrying forward by the officious conceit of an individual, to whom Mr. Blake had confided his case, which individual required that the Association should supply him with authority and the means to act, purely from a personal confidence in him. Being refused this, all information as to the merits of Mr. Blake's case, or as to the means of bringing these merits before the public, was denied by him; and the consequence was that the College of Surgeons decided to erase Mr. Blake's name from the list of its members, which erasure there is every reason to believe would never have been attempted, had the action of the Association been called forth as effectively as it was in the case of their honorary secretary, Mr. Pearce.

According to the most accurate data obtainable by the writer, it appears that the first practitioner who introduced homœopathy into Britain, was Dr. Belluomini, Malibran's physician. Subsequent to him was Dr. Quin. Dr. Curie (a valued member of the Association) and Dr. Simpson were the next. Dr. Edward Cronin (another member of the Association) was the next, he having commenced homœopathic practice in 1836. Dr. Harris Dunsford, (since dead,) a physician who had the honour of attending the Queen-dowager, began about this time. Dr. Scott, of Glasgow, commenced homœopathic practice early.

SECT. IV. Of the recognized teachers of *Materia Medica* in Great Britain, Dr. Epps was the first who embraced homœopathy, and having embraced it, of necessity gave up lecturing on the old system *Materia Medica*. Dr. Henderson was the next public teacher, (he being Professor of Pathology in the University of Edinburgh,) who adhered to homœopathy. Dr. Epps gave the first popular lectures in this country on the subject. He lectured in London, in Liverpool, and in Manchester. At Manchester, he, with his friends, opened a homœopathic dispensary, which, modified, is still in existence. To the exertions of Mr. William Perkins, in Manchester, and of Mr. Peter Stuart, in Liverpool, Manchester and Liverpool are highly indebted for the immense benefits these towns have derived from homœopathy.

The number of homœopathic practitioners in Great Britain are at least sixty.*

A society exists called the BRITISH HOMŒOPATHIC SOCIETY. Its character is so peculiar, that had it not published its rules, the existence of such a society could hardly be be-

* The following table, taken from the author's prescription book, will give pleasure to the friends of homœopathy, in the demonstration it affords of the steady progress of homœopathy. From April 26, 1841, (when the author began to record his prescriptions,) up to Nov. 20, 1849, he has prescribed 122,809 times. The ratio of increase will be seen from the following statement.

He began, as stated, to record on April 26, 1841. From that date to—

	Prescriptions registered.		Increase.
April 26, 1842	4,306	
April 26, 1843	14,085	..... 9,779
April 26, 1844	28,646	..... 14,561
April 26, 1845	42,453	..... 13,809
April 26, 1846	57,573	..... 15,120
April 26, 1847	73,010	..... 15,437
April 26, 1848	91,381	..... 18,371
April 26, 1849	109,688	..... 12,307*
Nov. 20, 1849	122,809	..... 13,121 in 7 months.

* The falling off in the ratio of increase depends on the fact that the author dislocated his arm, by his horse falling on the wooden pavement, which kept him from active duty for a fortnight to three weeks, and subsequently to this he had a dangerous illness, (he has to thank Dr. Curie for his skill and attention exhibited towards him therein,) which kept him from duty for two months. But the ratio has again recovered the increase in the seven months since April this year, being more than the whole increase of the previous annual period. If other homœopathic practitioners have taken the trouble to keep a similar record, they will no doubt find a similar ratio of increase.

lieved. A few rules may be given of this society, composed, SECT. IV. one would suppose, of school-boys:—When the public business of this society commences, the members are called. The peculiar rule is, “The order shall be as follows, ‘The roll-call, society constituted.’” If the member does not answer to his name at this roll-call, he is fined one shilling. The rules further decide that the society shall not continue its meeting beyond half-past twelve, but if any member wants to go home at half-past eleven o’clock, the society not having concluded its sitting, he is not allowed to go, because the members are called over again, (Rule 6, “Roll called and meeting dissolved,”) and if he does not answer, he is again fined one shilling. It is true, the member is allowed to leave at half-past eleven, if he will go up to the president’s desk and sign a paper. But what is more, these members seem to be of such sad materials, that they are prone to keep away from the British Homœopathic School, and hence, to keep such disorderlies in order, every member who stays away the whole evening has to pay half a crown.

Really, these members write themselves degraded, for there is a fine for preferring an accusation against the *president*, without being able to prove it: this amounts to one guinea. But if the accusation is preferred against the lower grades, such as the *treasurer* or the *secretary*,* then the fine is only fifteen shillings; against a *member*, only ten shillings.

How *men* can be members of such a society is wonderful. One would think that it was a society composed of a pedagogue

* In order to remove all ground for the supposition that these statements are, as many will suppose, matters of badinage, the subjoined is copied from the published rules of the society:—

3. Members not answering to the several roll calls of ordinary and adjourned meetings, except in cases of certified illness, each roll call	0	1	0
4. Fine for absence during the whole evening	0	2	6
5. Fine for not answering to the roll call at extraordinary meetings, each roll call	0	1	6
11. Fine for preferring an accusation against the president without being able to prove it	1	0	0
12. Fine for preferring an accusation against the treasurer or secretary without being able to prove it	0	15	0
13. Fine for preferring an accusation against any other member without being able to prove it.....	0	10	0

SECT. IV. and of his pupils; and yet, strange to say, this society prides itself on its character, and it has been recommended by those who lay claim to a peculiar sense of what is professionally honourable.

Its fate is written in its constitution; and the fact of its existence has been noticed, to prevent the public being deceived into the belief that the dicta of such a society are to be regarded as the expression of the homœopathic medical mind.

Two homœopathic journals have existed some years in this country. The first is entitled the *British Journal of Homœopathy*, published quarterly; the second, the *Journal of Health and Disease and the Monthly Journal of Homœopathy*, published MONTHLY. Both these have attained to several volumes.

The following facts will explain the high estimation in which homœopathy is held in Austria and Prussia. The writer is indebted to a pamphlet of the late Dr. Calmann for the same.

His Royal Highness the Duke of Brunswick, &c., was pleased to present the Knight-Cross of the order of the Lion to the Homœopathic physician, Dr. Paul Wolf, Court Counsellor to his Majesty the King of Saxony at Dresden.—*Homœopathische Zeitung*, vol. xx. p. 256.

In a letter of his Prussian Majesty's Ministers to the homœopathic physicians, Drs. Vehsemeyer, Reisig, Melicher, Kallenbach, Montagh, and Bamberg, at Berlin, it is stated that his Majesty has commanded that a homœopathic hospital is to be established in Berlin, and that the expenses will be defrayed from the States-funds.—*Homœopathische Zeitung*, vol. xx. p. 335.

His Grace the Duke of Schleiz was pleased to choose for his medical counsellor, Dr. Friedrich Schwarze, homœopathic physician at Dresden, and Court Counsellor to his Majesty the King of Saxony.—*Homœopathische Zeitung*, vol. xxi. p. 336.

His Majesty the King of Prussia was pleased to grant the order of the Red Eagle to Dr. Vehsemeyer, homœopathic physician to her Royal Highness Princess Albrecht, sister to the King.—*Homœopathische Zeitung*, vol. xxii. p. 208.

His Imperial Highness Archduke John of Austria has appointed as his physician, Dr. Marenzeller, homœopathic physician to the Staff of his Majesty the Emperor of Austria.—*Homœopathische Zeitung*, vol. xxii. p. 208.

Letter of his Majesty the King of Prussia to Dr. Marenzeller, Physician to his Imperial Highness the Archduke John of Austria.

“I am thankfully obliged to you for the confidence with which you have recommended to my protection the homœopathic healing method in your letter of the 14th instant, and I set no small value upon the recommendation of this important matter

by a gentleman who, like yourself, has successfully practised homœopathy a full age. SECT. IV. Most willingly I shall continue, as I have begun, to render to this healing art every assistance which may contribute to its freer development. I have given my consent to the establishment of a homœopathic hospital, and that the necessary means might be taken from the States-funds; besides, I have the intention to grant to the homœopathic physicians, under some modification, the license of dispensing their own medicines.”—*Allgemeine Leipzig Zeitung*, No. 21, 1842; p. 229.

Count Radetsky, at the time of his illness, living at Milan, sent to the allœopathic physician, Dr. Flarer, Professor and Oculist at the University of Pavia. This gentleman arrived on the 6th of January, 1841, and after he had seen the case he pronounced it incurable, in the presence of Dr. Hartung (homœopathic physician to his Excellency) and many other gentlemen, saying that “there is no possibility of a cure, either by allœopathie, homœopathic, hydropathic, or other remedies (*Homœopathische Zeitung*, vol. xx. p. 149). This account was officially dispatched to all the Princes and Archdukes of the Imperial House, as well as to the Emperor himself. His Majesty, alarmed at these sad tidings, sent Dr. Jaeger, the celebrated Professor of Ophthalmology at the University of Vienna, to Milan, in order to have a consultation with Dr. Hartung and Dr. Flarer. Dr. Jaeger, having examined the state of the disease, likewise pronounced the case a hopeless one, to which effect *he himself* made a statement to his Majesty the Emperor, after he had returned to Vienna. No sooner, however, had these celebrated allœopathic physicians left his Excellency Count Radetsky, when he embraced Dr. Hartung, saying, “My friend, now they are all gone, I am in your hands; do with me what you like; I have full confidence in you, and will have no other physician.” (*Homœopathische Zeitung*, vol. xx. p. 151.) And Count Radetsky’s confidence was not disappointed—in the course of three months afterwards his Excellency was perfectly cured.

But, as there are spite and envy against homœopathy in German allœopathists as well as in English, several allœopathists tried to dispute the truth of the case, which circumstance induced Dr. Hartung to have the following certificate and letters:—

Certificate directed to his Majesty the Emperor of Austria.

“I certify by this that the Imperial and Royal Counsellor and Physician to the Staff, Dr. Hartung, during his services of almost ten years as head-physician to the staff in the Lombardo-Venetian General department, has fulfilled the duties of his charge with the greatest success, and has displayed great merits in the sanatory service of the army, by the careful administration of the hospitals placed under his direction.

“Many almost hopeless patients are indebted for their recovery to his zeal and knowledge.

“I myself, in particular, have greatly to be thankful to him. He saved my life in a disease which was pronounced incurable by the most experienced physicians.

“To him alone, therefore, I am indebted for my recovery, and him alone have I to thank that I am still in the situation to perform those services with which my most gracious sovereign has been pleased to entrust me.

“COUNT RADETSKY, Field Marshal.

“*Milan, April 4th, 1842.*” *

SECT. IV.

Letter of his Excellency to the Editors of the Vienna Gazette.

“I, the undersigned, having some time since been afflicted with a disease of the eye, which, in the last autumn, in consequence of great bodily exertion, increased suddenly so much that I was not merely threatened with the loss of my right eye, but my life, according to the character which the disease seemed to assume, being highly endangered, (this at least was the opinion of experienced and skilful oculists), and being, under these circumstances, threatened with immediate danger, I placed myself with full confidence under the sole treatment of my usual homœopathic physician, the Imperial and Royal Counsellor, and Head Staff Physician, Dr. Hartung; and by his experience and skill, he succeeded in rescuing me from my complaint, which had reached a frightful height.

“The proper estimation of the scientific proceeding evinced in this case, I must leave to the Faculty to decide; however, it is impossible for me to confine myself to silent thanks—it is my wish that the world should know the high feeling of gratitude with which I am bound to that man, to whom I am indebted for my sight and life.

“Therefore, I request the Editors of the *Vienna Gazette* to grant some space to these lines in their paper. May science be enriched through the means of this undoubtedly rare case, by another precious experience, then I shall look upon my past complaint with gratitude and satisfaction, as an ordinance of divine providence.

“COUNT RADETSKY.

“*Milan, May 12th, 1842.*”

Letter of Countess Wenckheim (his Excellency's daughter) to Dr. Hartung.

“I cannot leave Milan without thanking you, dear Hartung, for the cure which you so fortunately have performed on my dear father. I beseech you to be convinced that I shall never forget the care which you evinced at that time. I express to you the high feelings of a daughter who, in peace of mind, leaves Milan knowing that the endangered life of her father has been saved by you. Your grateful

“COUNTESS WENCKHEIM.” *

* Homœopathische Zeitung, vol. XXII. p. 163.

SECTION V.—CORONERS' INQUESTS AND HOMŒOPATHY.

CHAPTER I.—*Short History of the Facts.*

Homœopathy has been subjected to the most unfair, and consequently most unjustifiable attacks. Attempts have been made to render its practice a *criminal* offence. SECT. V.

The editor of the *Lancet*, Mr. Thomas Wakley, is the coroner for one division of Middlesex, and his son, Mr. H. Membury Wakley, is the deputy-coroner.

The editor of the *Lancet* has made himself remarkable by the virulence of his attacks on homœopathy, (see p. 169, 170, 171.)

He has offered to the believers in and the practitioners of homœopathy the most bitter insults: designating the former as dupes; the latter, as liars, fraudulent men, knaves, madmen.

To suppose that the editor of a medical periodical can affix in print such appellations to persons, who, by rank, by education, by public estimation, are, if not above, at least on a level with himself, and be at the same time able, when called upon to act as a coroner, to oblivate the state of mind, giving rise to such insults, is to deem an improbability a possibility.

Facts have, unfortunately for the judicial reputation of the coroner for Middlesex, given decided evidence that the editor of the *Lancet* has not been able to put off his character as such when he has become invested with the character of coroner.

Two facts, most strongly exhibiting this, appear in connexion with two inquests, one in connexion with a patient of Dr. Curie's, held by Mr. Wakley; and the other in connexion with a patient of Mr. C. T. Pearce, held by Mr. H. M. Wakley, the deputy-coroner.

That both these inquests were urged on and held with the view of damaging homœopathy, cannot be doubted. Dr. Curie published the history of the case, in relation to himself, in a pamphlet, entitled "Verdicts of Coroners' Juries." *

* Verdicts of Coroners' Juries, the case of the late Mr. Cordwell, by P. F. Curie, M.D. S. Highley, 32, Fleet Street.

SECT. V. It is to the latter case which is the more recent, and in which a verdict of "MANSLAUGHTER" was recorded against Mr. C. T. Pearce, that the following facts and comments apply.

This case is given in full, because this will form, centuries hence, a fact in connexion *with the progress of science*. It will cause the name of Wakley to be identified with those who have, by their virulent, vulgar, and unfair opposition to truths newly discovered, made themselves objects for the finger of the liberal-minded to point at as warnings to future dogmatists, to take care how they try to discredit the character and to injure the progress of those who have taken the up-hill task of striving to obtain for truth a hearing.

The case runs thus :

Mr. C. T. Pearce is the honorary secretary of the English Homœopathic Association ; he is also a student of the University College, London. He has experienced in his own person the advantages of homœopathy ; he having been an intense sufferer from a hip-joint affection, which was considered by the late Mr. Anthony White as incurable. Sir Benjamin Brodie, whom Mr. Pearce consulted at the request of Sir Richard Vyvyan, (to whom Mr. Pearce was private secretary,) considered that the disease was not to be cured till he had passed through the misery, the suffering, and the likelihood of destruction to his constitution, of the process deemed necessary by Sir Benjamin, namely, the formation of a *psoas* abscess. Mr. Pearce, after having been treated in vain by the most violent of the old-system means, was cured by homœopathic treatment. Mr. Pearce, further, had lost one of his children by cerebral disease. It was treated according to the old-system practice—leeching, blistering, purging, &c. He afterwards had another child seized in the same way. The child presented symptoms quite as severe as those exhibited by the child that died. This child was treated homœopathically,* and, though in imminent danger, was cured, and is now alive and strong. Other evidences of the efficacy and of the superiority of homœopathic treatment were presented to Mr. Pearce in his own family, and thus he was led, step by step, to believe in, and

* The case is published in the *Journal of Health and Disease and Monthly Journal of Homœopathy*, pages 181-189, vol. I. Sherwood & Co., Paternoster-row.

finally, after having attended the homœopathic practice of others, SECT. V. to treat the sick homœopathically, as far as opportunities presented, he having become a student of medicine at the University College.

In September, 1849, the cholera attacked a brother of Mr. C. T. Pearce. This brother sent for Mr. Pearce in order to see him. Mr. Pearce did not go to see his brother in the capacity of medical attendant, but simply as a brother. When Mr. Pearce arrived, the sufferer from cholera prayed Mr. Pearce to relieve his cramps and pains. Mr. Pearce said he could not interfere, as he was already in the hands of a medical gentleman (Mr. Harris). The sufferer replied, "Nonsense, I am not in his hands; he has done me no good."

Mr. Pearce declined to interfere, but intimated that he would see his brother again in the evening.

In the meantime, Mr. Harris, finding that the disease was progressing to a fatal termination, suggested to have a physician called in; but on its being intimated that the patient had a brother in the medical profession, he desired to see Mr. Pearce. Mr. Pearce called on Sunday evening, (that is, the evening of the day on which his brother sent for him,) on Mr. Harris, and Mr. Harris, having acknowledged that he saw no hope of recovery, expressed his willingness to transfer the case to Mr. Pearce, and to look in upon the patient as a friend.

Mr. Pearce, therefore, undertook the case; and, applying the homœopathic law, succeeded in relieving his brother from the stage of collapse, and obtaining from Mr. Harris a congratulation at the improvement of the patient, which caused Mr. Harris to say to one of the persons about the sick man, that he should read some homœopathic treatise that Mr. Pearce had lent him.

Mr. Pearce had, as a part of the *dietetic* treatment, necessary to be attended to in order that the *medical* treatment should not be interfered with, ordered *abstinence* from food*; Mr. Pearce believing, as do all practitioners who have had the most ex-

* It is lamentable to hear medical men and coroners using the term *starvation*, (a term which implies an immorality,) in reference to the recommendation of a medical man to his patient to abstain from food; just as if abstinence for medical purposes was starvation. It might just as well be said that the allopathist, in giving his medicines, is a poisoner, because in health medicines are poisonous.

SECT. V. tensive and the most successful experience in the treatment of cholera, that to give food to a stomach that rejects, and to intestines that discharge whatever is introduced, is to take away all chance of success from the treatment.

Mr. Pearee conducted the case with success till he himself was seized with an attack of Asiatic cholera, for which he was obliged to seek homœopathic aid. The success was so great, that his brother was enabled to dress himself, sit up and write letters.

Unable to visit his brother from his own prostration, Mr. Pearee prescribed as well as he could from the history of the symptoms, which were daily forwarded to him.

Mr. Pearee's dietetic rules were set at naught. The patient was fed with beef-tea, tea, and other articles of food, and the *peculiar* TYPHOID fever, which so frequently follows recovery from the stage of collapse in cholera, was developed in his brother, and he having, in a fit of self-will, while still debilitated by his disease, gone down into his garden, one bleak day in September, was seized with a fresh attack of *diarrhœa*, which caused excessive prostration.

The sufferer wished to see Mr. Pearee, but Mr. Pearee being unable, from his own illness, to attend, he recommended that his brother should seek the advice of one of two homœopathic physicians whom he named.

The sufferer did not attend to Mr. Pearee's advice to obtain further homœopathic aid, but his wife called in Mr. Davis, a practitioner in the neighbourhood, who prescribed for him and ordered as well brandy, brandy and water, beef tea, &c. This was on the Monday evening, and on the morning of Tuesday he died.

Mr. Davis refused to certify the cause of death, and a coroner's inquest was held. Mr. Davis opened the deceased's body without letting Mr. Pearee know any thing of his intention. The widow was told to declare at the inquest that her husband had been starved to death.

An inquest was held under the presidency of Mr. H. Membury Wakley.

All the witnesses except one* received the bias resulting from

* Sarah Payne, the deceased's mother-in-law, deposed, (after having stated that

Mr. Davis's declared opinion, and they answered the coroner's questions, which tended to establish the crime of starvation, with a willingness rather remarkable.

Mr. Davis swore that the deceased died of exhaustion from want of food. He unhesitatingly declared that this was established by the appearance of the patient, by the observations made to him by the patient, and by the appearances presented at the post mortem examination of the deceased.

Mr. Davis's evidence was deemed by the coroner as paramount: for although Mr. Harris, who first attended the deceased, declared his belief that the patient died of cholera, although the evidence of the witnesses, who seemed to wish to prove that the deceased died from starvation, proved that he had food almost daily, and although Dr. Kelsall gave evidence to prove, that Mr. Pearee's dietetic directions were the only ones, that, followed out, could ensure success in the treatment of the case, the coroner, in his summing up, instead of recognizing the opinion of Mr. Harris, the statement of Dr. Kelsall, and the statements of the witnesses in reference to the food given, clearly directed the attention of the jury to one main idea, namely, that the patient died from starvation, and that, if the death did so happen, Mr. C. T. Pearee, who advised abstinence, being the instigator thereto, was guilty of manslaughter.

The jury, notwithstanding this summing up, seem to have had much difficulty in coming to a conclusion, the coroner having, after the court was cleared, been sent for by the jury, and having remained closetted with the jury half an hour before the verdict of manslaughter was arrived at.

Mr. Pearee, who waited to hear the verdict, not having the slightest expectation that any such verdict could by any possibility be given, ("How any man can be found to say this defendant is guilty of manslaughter I cannot imagine"—Justice Maule.) was conveyed as a felon

she gave the deceased some tea,) in reply to a question from a juror, "Did he make any remarks about food to you?" Witness: "None, but what I have said; *would not tell a story; I will speak the truth.*" This last sentence, which the witness emphatically uttered, embodies the idea that some influence had been used similar to that which urged the widow to declare that her husband had been starved to death.

SECT. V. to Newgate late in the evening, having no opportunity to see his wife or his family. He, still debilitated by the attack of cholera, and by the excitement from the inquest, was confined in a dungeon in which he had nothing to sleep on but a door mat, placed on a board, and nothing to cover him but two horse cloths, in which insects abounded.

Mr. Pearce was kept confined in prison for a period of seven days, till a judge at chambers could be obtained to admit him to bail: the only changes, while in jail, being, that he was allowed a blanket, and subsequently the removal from his cell to admit Manning to take possession.

The coroner's inquisition was brought before the grand jury, and no true bill was returned, the grand jury thus recognizing that the deposed evidence did not justify the verdict.

The English Homœopathic Association determined to defend their Honorary Secretary. Messrs. Ashurst and Son, the solicitors employed, prepared the defence, which would have gone fully into *the MERITS of the case*: they had persons in court in good health, ready to depose that they had been treated homœopathically for Asiatic cholera and had been cured, and had fasted 10, 12, 14 to 21 days, taking nothing but water: they had evidence ready to prove that all the conclusions of Mr. Davis, derived from the appearance of the patient and from the post mortem appearances, asserted by Mr. Davis to have been present in the deceased, were in direct opposition to the opinion of the most eminent writers on the subject of starvation.

The case for the prosecution broke down even with the first witness. When the second had concluded his evidence, Mr. Justice Maule expressed his opinion—

“ This man seems to have been doctored as well as he could: how any man can be found to say this defendant is guilty of manslaughter, I cannot possibly imagine: it appears he was called in in a desperate case, and did every thing it was possible to do under the circumstances.”

Mr. Pearce, who had been placed in the felon's dock, was at once liberated, and on receiving the congratulations of his friends, found that great difficulties exist in the way of making the parties, who brought upon him all these undeserved inflictions, receive the punishment which their conduct requires.

CHAPTER II.

*Report of an adjourned Inquest on the body of
RICHARD DAVID PEARCE, held at the Perseverance
Tavern, Mary Street, Hampstead Road, Sept. 26th,
1849.*

[The parts that are in italics constitute points of reference in the remarks which follow.]

Mr T. H. Johnston, solicitor, who attended on behalf of Mr C. T. SECT. V.
Pearce, brother to the deceased, said that, before the inquiry was resumed, he hoped the jury would divest their minds of any impression that might have been made, by the report being circulated that the deceased died from starvation whilst under the hands of his client. Such was not the case, adding, that the jury would shortly be convinced that deceased had received the best of treatment.

The evidence of Eliza Higgins, residing at 86, Mary Street, was then recapitulated. She said she was present at the death of the deceased, which happened about half-past ten on the morning of Tuesday, 18th of September. He was taken ill with a violent bowel complaint. Went for a Dr Harris on Sunday morning, the 9th. After that day, had supposed that Mr C. T. Pearce had taken the case out of Mr Harris's hands. Mr Pearce saw deceased as a doctor. Mr Harris came three times after that, He, Mr C. Pearce, attended him apparently as medical adviser up to Wednesday, the 12th. The deceased was to send to his brother, Mr C. T. Pearce, to let him know every day how he was getting on. This was done. Believed a Mr M'Oubrey, a medical man, came to see him on Thursday, the 13th. This Mr M'Oubrey called several times. Deceased said he was to have very little to drink and allowed nothing to eat, but a little gruel.—COR. Nothing else? WIT. No food, nothing but a little weak thin gruel. Mr Pearce saw the deceased for the last time on this day fortnight. He died on the 18th. Mr Davis was first sent for on Monday night, 17th. Deceased had repeatedly asked for food, but we had orders from Mr Pearce to give him no food. His wife was fearful to give him any thing to eat. By so doing was attending to her brother's orders. Nothing was given to him but gruel and weak tea: and that was latterly. Complained every hour in the day for food. The beef tea was not given him till after the Thursday, 13th.—COR. What did he say when he wanted food? WIT. He said he wanted food, was hungry, and that he was being starved to death. Those were his words.—COR. When did he say this? WIT. Several times; he said it in the night previous to his death.—COR. Did he know that he was dying? WIT. That I am not aware of.—COR. Did you consider he was dying? WIT. I do not know.—COR. Did you hear him say that he felt his end approaching? I did not.—COR. to Mr. Johnston. Do you wish to ask this witness any questions? Mr. JOHNSTON. Witness says, "deceased was taken out of Mr Harris's hands;" I should wish to know what she means by this statement. WIT. Mr Pearce went to see deceased as a brother, she believed. Deceased

SECT. V. particularly wished to see his brother. Heard Mr Pearce say, "I have taken you into hand." Said she had no directions from Mr Pearce; but Mrs P., deceased's wife, had.—Mr JOHNSTON. How do you know that? WIT. By being constantly with her; she did not hear the order given, but saw its workings. Mrs Pearce received the order. Recollecting herself, she said she heard Mr Pearce tell deceased's wife that he was to have nothing but a little gruel. Said so to Mrs Pearce.—Mr PEARCE. I believe I told you both so; notwithstanding that, food was repeatedly given, was it not? WIT. Yes; but the food *was rejected by the deceased*.—COR. What did you see given to him? Did he have any beef-tea or arrowroot? WIT. Yes, but that was Thursday or Friday, after Mr Pearce had given him over.—COR. Who was it ordered this beef-tea? WIT. Could not say.—COR. Do you not know who ordered it? WIT. No.—A JUROR. Do you consider Mrs Pearce was satisfied with the treatment? No, she was not; she said that on Sunday night she thought her heart would have broken.

Mr Davis, medical man, sworn. Resides at Amptill Square, Camden Town. Was called to see deceased on Monday night, 17th; a little after 9. He found him extremely emaciated and in a state of exhaustion. Ordered a glass of brandy and nourishment. He saw him Tuesday morning. Deceased was dying then. On the same evening stated he had been murdered, or starved to death, or something to that effect.—COR. Did he say *by what or by whom he had been starved to death*? WIT. He said *by the homœopathic system*. Was not aware that Mr Pearce's name was mentioned at that time. I sent him some medicine.—Did you think that he had cholera? WIT. I could not hardly determine that in one visit. Saw one of the dejections; was of a white frothy character. Such a one as we might have with diarrhœa. Mr Davis made a post mortem examination. Lungs congested, as also liver and kidneys.

COR. Did you find any thing in the stomach? Mr DAVIS. A small quantity of brownish matter, of a liquid consistency.—COR. How much? WIT. About an ounce.—COR. No more than that? WIT. Believed not. Mr Davis's son here produced 2 or 3 small phials containing the matter. He had made an analysis; there were about three or four drachms, not half an ounce, in the stomach. Said he discovered a slight trace of arsenic; but accounted for this, as he had heard there was arsenic given in the treatment.—COR. Not sufficient to cause death? WIT. Oh dear no!—COR. What should you, Mr Davis, consider the cause of the man's death? WIT. *Considered he died from exhaustion caused by the want of food*. Deceased took brandy and water and beef-tea during the night. He kept the whole on his stomach. He had not thrown any thing off his stomach, he believed, for full a week.—COR. You ordered him beef-tea and brandy and water?—WIT. I did, and I believe he had a little milk.—Mr. JOHNSTON. Was deceased attended by Mr Harris for cholera? Yes, he was so; was not certain, only from what he was told.—Mr. JOHNSTON. Were you satisfied that he had had a previous attack of cholera? Yes.—Mr. JOHNSTON. Did Mr Harris give over the case? WIT. Could not say. Had not seen Mr Harris: understood from the parties in the house that the case was one of cholera.—Mr JOHNSTON said he could prove that this was the second attack of cholera.

The widow of the deceased was then called: she resided at 86, Mary-street. Was the wife of the deceased. Was with him when he was taken ill, which was on Saturday, the 8th September. Had violent cramp and pains in the bowels. Mr Harris was called in on Sunday morning: he said it was cholera. Mr Harris attended him three times on Sunday. Sent for Mr C. T. Pearce on Sunday morning. He came directly. His brother (the deceased) had a great wish to see him. Was not present when any remarks took place between Mr Pearce and Mr Harris. Mr

Harris saw him, deceased, in the morning. Mr Pearce went to see Mr. HARRIS. Said nothing respecting Mr. Harris to her. Mr Pearce attended after that.—COR. What did he do for him? WIT. Told us to give him nothing to eat nor drink but a little gruel and the medicine.—COR. Was this done? WIT. It was.—COR. For how long did this treatment last? WIT. This went on from Monday, the 10th, till the death.—MR PEARCE. For *three* days only. Mr Pearce attended twice on the Monday, as also on the Sunday as stated. Mr Pearce was not able to attend personally and sent the medicine.—A JUROR. How long between times did he attend? WIT. He sent another medical man on the Thursday. The deceased did not see him, Mr P., after Wednesday, the 12th. Mr Pearce wished her to send over for the medicine, and to let him know how deceased was.—COR. Then he sent the medicine without seeing him? WIT. Yes.—COR. Did Mr Pearce say any thing else? WIT. Yes: she asked him if deceased might not have any thing else to eat: he said “Jane if you give him food you will kill him.” Witness obeyed the orders.—COR. You mean to say that deceased had nothing to eat between the 8th or 9th, and the 18th of September? WIT. said she gave him a little gruel and tea, but no *solid* food. Gave him some gruel on the Wednesday evening as Mr Pearce had seen him in the morning. Her husband was always wanting victuals; and repeatedly said he would have it. I told Mr M'Oubrey so.—COR. When did he make this remark? WIT. On the Wednesday night; as also the day before his death.—COR. *Did he not make some remarks respecting the treatment he was receiving from his brother.* WIT. *No, he made no remarks about that.* Sent for Mr Davis, because he was taken worse. Sent for Mr Pearce on the Monday.—COR. In what way was he taken ill? WIT. Purging and sickness. Mr Davis came on Monday evening.—COR. What did Mr Davis say? WIT. He said he was sinking from want.—COR. Did you give him what Mr Davis ordered? WIT. Yes, sir.—COR. Were you present when he died? WIT. Yes, sir, and another woman also.—MR JOHNSTON. How long did Mr Harris attend him? WIT. On the Sunday; one day.—MR JOHNSTON. Did he do him any good? WIT. He got somewhat better after taking Mr Harris's medicine. Mr Harris called about eight on Sunday evening.—A JUROR. Did Mr Harris see your husband after that Sunday evening? WIT. He called in on the Monday. Could not say how Mr Harris's treatment acted. In answer to Mr Pearce, Witness said, her husband appeared somewhat better. Deceased did go into the garden, but *she thinks he was insane or light headed.* Deceased was very obstinate.—A JUROR. Did he vomit after taking the medicine Mr Davis gave him? WIT. He did not vomit at all. In answer to Mr Pearce: Witness said her husband did *dress himself, and sat up the day before he died,* and that *diarrhœa came on after walking in the garden;* a rash also came out upon him then.—A JUROR. Did Mr Harris think it a case of cholera? WIT. Yes.—A JUROR to the COR. Do you not think it very strange conduct of Mr Harris, sir, to give up a patient in that state?—COR. No, sir: It is but a piece of established etiquette between medical men in such cases, to quickly retire when another medical man is called in.—MR JOHNSTON. Bear in mind, gentlemen, that Mr Pearce undertook the case reluctantly, at the particular wish of his brother, and the full assent of Mr Harris: he considering nothing more could be done for him.—A JUROR. Where is Mr Harris? OFFICER. Out of town.—A VOICE. Where? “The officer believed towards Brighton, somewhere.”—OFFICER to the CORONER. Would you like to have the messenger brought in, sir, the telegraph, sir, who took the messages to and from the houses of Mr Pearce, and the deceased? COR. You may call him in.

John Hasted, tailor, sworn.—Resides at 12, Clarence Gardens: knew

SECT. V. the deceased for three years. The deceased's health was generally good. Saw him last Monday fortnight, 10th Sept. Was from home on Sunday. Deceased was very feeble, weak and ill.—COR. Did he say anything about his complaint to you then? WIT. Nothing particular. The following day, he went to deceased's brother and told him deceased had been very sick.—COR. What did his brother give him? WIT. Could not say.—COR. Did you see Richard Pearce (deceased) after this? WIT. Saw him on Thursday.—COR. What state was he then in? WIT. Fancied *he was better at that time*. Was sent to know how Mr C. T. Pearce was: he was very ill. Went backwards and forwards to fetch the medicine. Twice on Thursday the 13th, and once every day besides, from the Tuesday. Did not fetch any medicine on the two days previous to the death of the deceased. On the Sunday night 15th, Mr Pearce mixed up a dose to be taken all at once. Observed that he put a great deal more in that than he had done before.—COR. What did you generally bring backwards and forwards? WIT. Powders. They were moistened by liquids from three or four small bottles; dropping two or three drops from each bottle.—Mr PEARCE denied this statement. WIT. continued: He said the pills were so small you could not see them without glasses.—COR. (smiling) Should like to see them. They must certainly be curiosities.—A JUROR. Did you ever hear deceased complain of wanting something to eat? WIT. I did.—COR. (jestingly to Mr Pearce) Do you take these all at once? * Mr PEARCE answered, it would be very unscientific to do so.—COR. Witness says you emptied more of these tinctures on the powders on Sunday night.—Mr PEARCE then explained, showed the incorrectness of witness's statement about the medicine; and gave the formula for mixing the powders, which in themselves were non-medicinal, being sugar of milk; merely a convenient substance on which the medicinal tincture was poured and embodied in.—COR. to the Witness: Did you ever have any conversation with the deceased? WIT. He often told me he was very hungry, and wished me to ask his brother if he might have something to eat.—COR. *Did he ever say he was starved?* WIT. *He did.*—He said this on the Friday night. Mr C. Pearce was down stairs when witness called, but had been very ill. Mr M'Oubrey had ordered deceased beef-tea; but Mr Pearce said he must not take it. This was on the Friday, previous to the death.—COR. Who is Mr M'Oubrey? Mr PEARCE. A qualified physician. Mr M'Oubrey had been to see deceased on the Thursday morning: said he might have a little beef-tea. Mr M'Oubrey repeated this advice to Mr C. Pearce in my (witness's) presence.—COR. Did you ever see Mr Harris at deceased's? WIT. No. Mr Pearce thought deceased could not retain food on his stomach. He kept a little beef-tea on his stomach. Mr Pearce said he must not have beef-tea: he might have arrowroot or gruel, and that if they gave him food, it would kill him. Believes he heard that deceased *had vomited the beef-tea*. It was not for him to tell if he could keep it down.—A JUROR. When you saw deceased, did he say he wanted something to eat? WIT. He said he was starving.—Mr Pearce said the beef-tea caused him to be called for. The last time Witness went to Mr Pearce's, was Monday 17th, between 1 and 2 o'clock. Mr Pearce then told him that he had done all he could do: had prescribed for his brother as he had been prescribed for; and if he was not satisfied, he had better call in a physician. Deceased said he would have none of those physicians Mr Pearce advised. He made this remark previous to his death.—A JUROR. *Did he say he was satisfied?* WIT. *He wondered his brother did not come to see him.* Witness told his brother that

* He held in his hand a case of globules.

he (deceased) thought he wanted nourishment. Dr M'Oubrey said a man SECT. V. might live a fortnight on that medicine without anything else.

Deceased's mother-in-law was then sworn: her name is Sarah Payne, she resides at 5, John-street, Pentonville-hill. Saw deceased last alive on Tuesday, (morning of the death), he was very bad and he thought he was dying. Saw him when he was first taken ill. Was sent for on Sunday, 9th: he said the cramp had left him. Was backwards and forwards once a-day. Was present when Mr Harris was there; but did not hear anything. Always went out of the room. Saw deceased's brother there on Sunday. Heard nothing about food that day. Heard Mr Pearce say on the Tuesday, 11th, that deceased would be better without food. Never saw Mr Pearce after that. Had seen deceased up to his death. Always said he wanted food. He said his brother Charles did not wish him to take it.—COR. Did you ever hear him say anything about being starved? WIT. He requested me to give him a cup of tea. Had nothing to do with the medicine. Did not see Mr Davis. He kept the tea on his stomach. He said he should be so thankful if I would give him the tea. He said for God's sake do, else I shall die before the morning; this was on the Wednesday, 12th. Gave him half a slice of toast with it: he kept it on his stomach.—A JUROR. Had he any beef-tea previous? WIT. Do not know. He was quite sensible up to the time of his death.—A JUROR. *Did he make any remarks about the treatment.* WIT. *None.* I gave him nothing whatever to eat but what I have stated.—A JUROR. Did your daughter say he suffered any inconvenience the following day from what you gave him? WIT. No.—A JUROR. Did your daughter repeat the tea and toast? WIT. I do not know. Did not tell his brother I had given it to him: was afraid of offending him.—A JUROR. *Did he make any remarks about FOOD to you?* WIT. (emphatically.) *None, but what I have said. Would not tell a story, I will speak the truth.* Mrs Pearce recalled, by the Coroner.—COR. Did you give your husband anything against the order of Mr C. T. Pearce? WIT. When he cried out for it, I did.—COR. When was this? WIT. On Thursday, 13th, after he was taken in hand by his brother: gave him some beef-tea and a little toast. Kept it on his stomach.—COR. Is there anything else you wish to say.—A JUROR. Did deceased wish to see Mr Harris again? WIT. Yes, Mr Pearce recommended Drs Epps and Curie: deceased would not have them. *All he wished for was to see his brother.*

Mr C. T. Pearce, of No. 3, Taunton Place, Regent's Park, was then sworn. Was a medical student at the University College.—COR. Not a member of the College of Surgeons. WIT. No, but he hoped to be one soon; was registered there.

Mr Pearce then, after a wish from the coroner to be as brief as possible, read the original notes as taken out of his case book, (p. 121, 1849), as follows:

Mr. R. D. Pearce, 47, married.

Sept. 9, 11 A. M.—I was sent for in haste to see him, as he was very ill with cramp in his stomach and purging. Visited him immediately I had returned from a patient. Found him suffering from decided Asiatic cholera. Violent spasms, cramp in legs, toes, feet, thighs, and hands. Tossing about, and hallooing with the pains. The ends of fingers were blue. Pulse not perceptible. Constant watery stools. Lips livid; eyes surrounded with blue circle; dulness of eyes; deeply sunk. The circulation was very limited. He was attended by an allopathist, Mr Harris, of Gower Street, who had been called in early in the morning before sending for me. It was the wish of the patient's wife that he should be treated by him; the patient rather wished me to treat him. Under the circumstances I did not like to interfere. It was a serious case, and had he died, I should

SECT. V. have perhaps been blamed for superseding the surgeon in attendance. *The cramps were so violent, I rubbed his legs for about an hour and a half.* He had taken pills and hæmatoxylon mixture. I left him in this condition at one o'clock.

COR. to Mr Pearee. Was deceased under your treatment then? WIT. No, sir, I refused to treat him.—COR. *Don't you call it treating a man medically when you rubbed his legs for an hour and a half?* WIT. No, sir, it was treating him humanely. I rubbed him for humanity's sake. Should have rubbed you, sir, as long and as well, had you been in that condition.

3 P. M.—I was sent for, he being worse. I visited him again with Dr M'Oubrey; it appeared the disease was progressing unchecked. I left him, promising to see him again.

9 P. M.—I was sent for again. He was much worse. The medical man had been at four o'clock, and told the friends there was no hope of his recovering; he had visited him again at eight, and found there were rice-water evacuations. He desired to see me; I went to his house in Gower Street, and we there conversed about the case. He knowing I was in the profession, talked freely; he remarked I must be aware that there was not the slightest hope of recovery. He had tried the means he usually adopts; gave calomel $\frac{1}{2}$ grain every half hour, and opium every hour; he followed this with ammonia as a stimulant: he had in fact done all that could be done, but asked me if there was any thing I could suggest worthy of trial? Although he did not believe any thing could avail him now: indeed, I must be aware that in the treatment of cholera there was nothing to be relied on. I replied I was aware that such was the case in regard to allopathic medicine. The only thing I could suggest was a trial of homœopathy; he said candidly he knew nothing at all of the subject, but he should be happy to see it tried if I would do so. I told him what I proposed to give, and showed him my ease of tinctures; he was very courteous, and willingly gave the case up to my care, consenting to make a call or two on the patient to see the result.

10 P. M.—This done, I returned to the patient at a quarter past ten; found him still worse, the evacuations were still like rice-water: he had vomited: he had been allowed food (arrow-root), the medical man believing he must die, food would make no difference. He had clucking noise in windpipe: could not swallow: his voice very feeble: spasm of the glottis: breathing heavy: oppression at chest: burning at epigast. and at anus: closed his jaw with difficulty.

Gave Ars. Tinet. gt. 2-3, and Cuprum, gt. 2-4, every hour or half-hour, according to the character of symptoms. Placed Carbo-Vegetabilis, 3 globules, on his tongue before I left. Thirst excessive. Ice water in teaspoonfuls alone to be given.

Sept. 10th, 9 A.M.—Visited him: to my surprise he was better. There were still rice water evacuations; but not so frequent: the burning at anus is less: no vomiting after first dose of medicine: the pulse improved: has great oppression at chest: craving for food, which I denied: circulation restored: eyes congested: symptoms of congestion of brain. Mr Harris came in and expressed his surprise at the improvement: pulse evidently better, and now he feared congestion of the brain: still great danger. Bell. 3-12, Verat. 2 drops, Arsenic 2 drops, alternately every two hours.

10th, 6 P.M.—Visited him again, he is still improving: his eyes are better: has slept much: tongue thickly coated, brown: stools now bilious: rice water evacuations stopped: no cramps: he had none after the second dose of medicine. Rhus 4-12, on tongue: continue Arsenic and Veratrum, every three hours.

11th, Noon.—Saw him very much improved. Mr Harris had seen him

this morning before I reached there; one of the friends present, told me that Mr Harris had congratulated me on the successful treatment, and told her, he should read of homœopathy from a book I would lend him, or had lent him. The circulation is restored: feet and legs warm and natural: hands and face natural colour: blucness around the eyes gone: they are not sunken so deeply: tongue furred brown. Has taken a little arrowroot against my will: complains of nausea and acid taste in mouth, with slight eructations: has had a natural stool: * he is very sleepy—sleeps continually. Bryonia 3-12, on tongue, wait two hours: take Merc. solubilis 2-12, wait two hours: give Rhus 1 drop, wait two hours: give Ars. gt. 1-3, and continue the two latter every 3 to 4 hours. SECT. V.

9 P.M.—Sent for me, he was vomiting: nothing would remain on his stomach: he had taken about two *table-spoonsful of arrowroot, this was rejected*: they gave him a table-spoonful of beef-tea, which remained; but there was a *feeling of nausea*: he makes efforts to vomit. Gave Puls. gt. 1-3. He is in a sleepy state: pulse still improved. Opium 2-12, alternately with Ars. and Rhus.

12th, 8 A.M.—Visited him again: the bowels have acted once since last visit: the fœces much improved: there is now solidity: he has been very restless during the night: wandering in his mind: suddenly starting up and crying out for me: dreamt a good deal of being on the water: the tongue is cleaner: the eyes more healthy: little nausea: No pain. Bell. 1-12, alternately with Rhus and Ars.

9 P.M., Last visit.—About the same: still sleeps a great deal; cannot keep his eyes open a minute: bowels acted once to-day, naturally: his mouth is now very sore (apparently from Calomel). Continue Medicine.

13th.—Dr M'Oubrey visited him, gave Stramonium 2-12, and continued Rhus.

14th.—He sent this morning: he was in about the same condition: the head much affected: some fever. Aconite and Bell. alternately, $\frac{1}{4}$ of a drop every 4 hours.

8 P.M.—A messenger came: continues about the same: He has been up and dressed to-day, on the sofa: he is very weak: the chief symptom remaining is the affection of the head: sent Ant. Tart. 4-12, 1-4, between each dose of medicine.

15th.—A messenger came to-day: he was feverish and light headed: he seemed to have changed for the worse since last night. Acon. gt. 2-3, Bell. gt. 2-3. He went into the garden, had to be assisted back again. Ant. Tart. 3-12, 1-3, alternately with 1-6 of each of the tinctures.

16th.—Visited by Dr M'Oubrey: he went into the garden yesterday through obstinacy: *he took coffee and toast this morning*, which he determined to have: he is to-day much better: wandering at times. Bell. and Acon. Stramon. 3-12. At night he sent a note, written by himself: he was complaining of a *rash* over body, and sore mouth. Sent Sulph. 2-30, after medicines. He has a return of diarrhœa since he went into the garden.

17th.—A messenger came to say he was worse: wished me to go. It was impossible (ill as I was) to visit him. An unpleasant remark was made, "That it was a shame I had not visited him, and that the people in the house said they would send for a doctor."

Mr PEARCE here gave his belief, that his brother was not made acquainted with the dangerous state he had been in, and which was the cause of absenting himself from deceased. Had been attacked with

* This Mr. Pearce did not see: it was explained by the attendants as being *more natural in colour, still loose.*

SECT. V. cholera himself, and on Friday evening his own life was in danger.—
 COR. *Did you submit yourself to the same treatment?* Mr PEARCE. Certainly, sir, I would not subject a dog to any other. Mr PEARCE continues: I said, in reply, they had better do so; but if they wanted my advice, I would send for Dr Epps, or Dr Curie. But, he was in his wife's hands, who is unfavourable to homœopathy.

Tuesday, 18th.—A messenger was sent to say, if I did not come directly, I should not see him alive. I sent Dr M'Oubrey: he returned saying, he must have been dead before the last messenger came.

Died. I heard nothing from the widow or any other person until the 21st, at a quarter before 2, P. M., I received intimation that an inquest was to be held at the Perseverance public-house, Mary-street, Hampstead-road, on the same afternoon, in consequence of a Mr Davis, who was called in to see him before he died, having refused to give a certificate of death. A post-mortem examination has been made, he said, and no evidence appeared of cholera having been the cause of death.

Remarks (by Mr Pearce, in his case book): That the case was originally true Asiatic cholera, there can be no doubt. Mr Harris, surgeon, of Gower Street, treated for this without success. He gave up all hope of recovery on the night of Sunday, the 9th of September. His full belief expressed to me was, "he could not recover by any treatment." He visited on the following morning with me, and expressed his surprise at the improvement. Mr Harris saw him again on the following day, Tuesday, and told one of the attendants, he congratulated me on the manifest improvement. On the night of the 12th, I saw deceased for the last time, I being seized myself, and unable to attend him since; he was then going on favourably. On the 14th, he was up and dressed; on the 15th, he was allowed to go into the garden; and little attention seems to have been paid to his diet, for coffee was given, and diarrhœa returned.

Mr PEARCE then wished to make some remarks. It had been said by one of the witnesses, who had known him three years, that deceased's health was generally good. This was incorrect; he had for years been suffering from rheumatism, and a short time ago he had pleurisy. He, the witness, said also that he was very feverish on the 10th, and very sick. Now this tallies with my evidence and the true history of the case, that vomiting, or efforts to vomit, came on when food was given. Food, in such a case, was inapplicable: every medical man knows it. He was getting over the collapsed condition. Mr Harris witnessed the reaction: had deceased not have left the house such a cold day, thus subjecting himself to a second attack, and withal, taking coffee, and toast, thereby exciting, if not bringing on what followed, diarrhœa, he would no doubt have recovered: he was getting better from day to day.

Mr Pearce, again: In the post mortem examination, Mr Davis states, "the intestines were found empty;"* and yet we hear that brandy and nourishment were ordered and given to him the day before his death! Again, some of the witnesses have endeavoured to prove that the food that was administered, in spite of my desire, kept on the patient's stomach, and yet the intestines are empty. Again, brandy and water was ordered and given: did it revive, or save the life of the deceased? He was better on Thursday; so much better again, that he went into the garden. It has also been asserted that the deceased said he was starved to death; yet every witness has proved that food was given him. Mr Pearce said he had attended some inveterate cholera cases; he had been treated himself

* Mr Davis did not open the intestines, yet he said they were empty.

as he had treated deceased, and out of fourteen cases he attended, he had not lost a case. SECT. V.

Mr Pearce then remarked on the incapability of a jury of tradesmen to judge in such a case. How could twelve non-medical men come to a fair, a satisfactory conclusion on a purely medical case? They might decide legally, but they could not decide medically; they might decide unanimously, but they could not satisfactorily either to themselves or to the public.

Mr JOHNSTON said he considered Mr Harris should have been here.

A JUROR. The man continually wanted nourishment.—Mr PEARCE. Well—Mr Davis stepped forward, said there were no signs of disease.—COR. Did you think deceased had cholera? Mr Davis. Could not swear. *No evidence in post mortem examination to prove the man died of cholera.* Coroner questions: thought it was from exhaustion caused by the want of food: *several organs congested, and sufficiently so to cause death:* the lungs and heart much congested.—Mr Pearce wished to ask Mr Davis, whether *congestion of the internal organs is not an invariable sign after cholera?* Mr Davis. MOST CERTAINLY; MOST CERTAINLY. Mr Pearce. Had not the patient fifteen stools before you were called in? Mr. Davis. Yes. Mr Pearce. These were produced by want of food. Mr Davis traces it from the man's continual craving. Mr Pearce. Witnesses have borne testimony that he rejected food.—Mr JOHNSTON urged the necessity of Mr Harris being present. Several of the jury also considered it requisite that his evidence should be taken.—The CORONER did not see the necessity of Mr Harris being present, still if the jury thought that the ends of justice would be arrived at more readily, or Mr Johnston considers that the reputation of his client would suffer from a hasty conclusion, would most readily agree with the jury in adjourning the inquiry. It was then decided, by vote, that the inquest should be adjourned till Tuesday, the 9th day of October, 1849, at five o'clock, P. M.

Report of Second adjourned Inquest on the body of RICHARD DAVID PEARCE.

Mr Johnston, (Thomas Henry, 16, Cecil Street, Strand, solicitor, in attendance on behalf of Mr Pearce,) said, that, with the permission of the Coroner, he would ask Mr Davis a question or two.—Is there not such a thing as exhaustion from disease? Also, since the witnesses have proved that the deceased had taken gruel, beef-tea, arrowroot, &c., it then became a question as to the impossibility of the man's dying from *starvation*. He considered the jury should be made acquainted, in some measure, with the principles of homœopathy, and so understand that the treatment pursued by Mr C. T. Pearce was the recognized medical treatment; as the jury are evidently not aware of the treatment administered in such cases.

The Coroner said, he thought few persons were aware of it except homœopaths themselves.

Mr Johnston, to Mr Davis. Is there not such a thing as exhaustion from disease, as well as from want of food? Mr Davis. Yes, sir.—Mr Johnston. Do you think it probable that the deceased died of exhaustion from disease? I think not.—Mr Johnston. Will you describe the post mortem examination? Mr Davis. The lungs and right side of the heart were much engorged; the liver also and intestines.—Mr Johnston. Did you open the stomach and carefully examine the coats? Yes.—Mr Johnston. Did you find any thing? Mr Davis. Some inflammatory spots.—Mr Johnston. Did you open the intestinal tube, sir? Mr Davis. No.—Mr Johnston. Tell the jury what are the phenomena when a man dies from starvation.

SECT. V. Mr Davis. *The same as existed in this case; no material difference.*—Mr Johnston. Will you describe to the jury, what were the indications that brought you to your conclusions? Mr Davis. The expressions of the deceased, and the post mortem examination.—Mr Johnston. Do patients in such cases, suffering from fever, always crave for food? Mr Davis. The deceased had not that sort of fever when they generally crave for food. I think he was in a state for food; he took it without refusing it, and retained it on his stomach.—Mr Johnston. Is it proper to give food in cases of fever? Mr Davis. *Patients never asked for food with a coated tongue.*

Coroner. You have, I believe, heard the evidence adduced here before, sir. Mr Davis. Yes, sir.—Coroner. From that evidence, the illness, treatment, and post mortem examination, both internal and external, are you of the same opinion as before? Mr Davis. Decidedly, sir. And my opinion is more strongly confirmed, as he took beef-tea, arrowroot, toast, &c., and retained them. I will make one more observation, and that is, that two tea-spoonfuls only were ordered at a time, and no more; and I would ask any medical gentleman whether that was improper?

Jurors. Certainly not.*

Mr Richard Harris sworn. I reside at 43, Gower Street. Am a member of the Royal College of Surgeons.

Coroner. When were you first called to see the deceased? Mr H. On Sunday, 9th September.—Coroner. Did you go immediately? Mr H. Yes, sir.—Coroner. What state did you find him in? Mr H. Found him suffering from unequivocal symptoms of cholera; there was vomiting, purging, cramp, anxious cadaverous countenance, and low and feeble condition.—Coroner. Any coldness of the skin? Mr H. No, sir.—Cyanosis of the skin? Mr H. No.—Coroner. Tongue? Mr H. Furred.—Coroner. Urine? Mr H. In the after part of the day, much suppressed.—Coroner. Did you see him after this? Mr H. Yes, sir; three or four times. I went for a short time about nine in the evening; he was then in much the same state, but the cramps were relieved; sickness in some degree relieved; the purging slightly abated.—Coroner. Do you consider this slight change for the better was in consequence of the medicines you had administered? Mr H. I hoped so. I did not see him after that hour, and did not consider him any better. Still sinking. When I left him, considered he was still suffering from cholera. Did not see him professionally after nine o'clock on that evening. When I left I requested one of the attendants to inquire whether Mr Pearce would like to see a physician; was then told about Mr C. T. Pearce, and I requested to see him; considered the case then one of great danger. The attendants said that his brother, Mr C. T. Pearce, was in the profession, and would be there in the course of the evening, about half-past nine.—Coroner. Did Mr C. T. Pearce call to see you? Mr H. Yes; I left word that I wished to see him.—Coroner. After meeting and consulting, did he wish to take the case out of your hands? Mr H. It was so agreed between us. He stated that he was a homœopathist, and that he should like that system adopted in the case.—Coroner. And in consequence of that remark, you gave the case over to him? Mr H. I transmitted the case to him, and he then requested me to look in the next day as a friend, to see how matters were going on.—Coroner. Did you do so? Mr H. I did so, giving him to understand that I could not act in concurrence with him, being totally ignorant of that doctrine. When I first saw Mr Pearce, I concluded that he was in the medical profession.—Coroner. When did you see the deceased last? Mr H. *On the 17th was called in to see Mrs Pearce, and saw him then.*—Coroner. Did he make any remark

* Drs. Epps and Kelsall here came into the room.

to you? Mr H. He simply said that he was very unwell still. Coroner Did you still think he was suffering from cholera? Mr H. Did not take particular notice; was called in to see Mrs Pearce; but should suppose, from appearances, that the symptoms then were the result of cholera.—Coroner. Was he relieved on the Monday previous when you called to see him? Mr H. He was very much relieved.—Did you suppose that it was in consequence of the medicines you had administered? Mr H. I. was vain enough to think so.

Mr Johnston. Is it your decided opinion that he died of Asiatic cholera? Mr H. Could not give an opinion as to whether he died of Asiatic cholera: he considered it one of extreme danger. Told the friends that the hopes of recovery were very slight. Did not say it was a hopeless case. Did relinquish the case the first day.

Coroner. Did Mr Pearce take him out of your hands? Mr H. No, no, sir.—Coroner. Did you know of anything else that could be done for the patient? Mr H. Should have continued the treatment I was pursuing. I told Mr P. the plan I had adopted, and he said, “according to the old school your remedies are quite proper; but I should like the remedies of the new school.” I called twice after Mr Pearce treated him. Found him much better, but said I should cup this patient: suppose that is contrary to your doctrine, and for this one reason I could not act in unison with him. Considered that he was then suffering from congestion of the brain. I did ask for his (Mr Pearce’s) suggestions, considering that I was talking with one of my own profession. It is usual for medical men to put their heads together. Did not give up the case as a hopeless one entirely. Said it was a desperate case; and that I feared, that whatever treatment would be employed he would sink.

Mr Johnston said, he had with him two medical gentlemen, Drs Epps and Kelsall, he wished to have their opinion brought before the jury; that is, their opinion of the case as treated by Mr Pearce, in order that the jury may be convinced that the patient has been properly treated.

Coroner. The question is rather as to the deceased’s dying in consequence of not having sufficient food; *so that homœopathy has nothing to do with the present case.* The system may be well and good enough: this is another thing: but the patient seemed to have died in consequence of want of food.

Coroner. I am bound by law to hear all evidence brought before me.

A Juror. Would like to know of Mr Pearce, what nourishment patients require after the symptoms were leaving, and convalescence was indicated. Mr Pearce. Why, a little arrow-root, beef-tea, milk, &c., according to the state of convalescence.

Mr Harris here stated, that his private opinion was that he died from the results of disease.

Coroner. How can you form that opinion, that he certainly died from disease? In law, that opinion would go for nothing. You must be a most wonderful medical man to come to such a conclusion, when *you did not see him for eight days.*

Dr Henry Kelsall was then sworn.—Is a homœopathic physician. Is a fellow of the Royal College of Surgeons. Has had much experience in Asiatic cholera, and has formed the conclusion, that the very key-stone of safety to the patient, is the abstaining from food from the moment he is attacked to the moment that he is convalescent.

Coroner. Suppose it lasts for twelve months then? Dr. Kelsall. It is impossible to happen.—Coroner. It has happened ten days.—Coroner. Is it possible that the patient could exist? Dr Kelsall. Would not have given him two teaspoonfuls. Have kept some patients without food for twelve days, and that has been the only means of their salvation.

SECT. V. Hunger is a symptom in some cases; the stomach being in a morbid state which the patient mistakes for hunger. There are always a sinking at the pit of the stomach and craving after food. After the spasms and contractions it leaves the patient in a state of typhus, and it is death to the patient to give him any food whatever in that state of fever after cholera.

Mr Johnston. Have you read Mr Pearce's case book? Dr Kelsall. Yes.—Mr Johnston. What is your opinion of Mr Pearce's treatment? Dr Kelsall. I saw nothing wrong in it.—Mr Johnston. Is it scientific? Dr Kelsall. It is what I should have done myself. I cannot say anything as to the skill of Mr Pearce or his qualifications: can only speak as to the case in question; which I consider to be proper.—Mr Johnston. What do you consider was the cause of death? Dr Kelsall. It would be difficult for me to say, but it appears that the coffee, toast, and tea, that were given to him did great harm, as it appears he got worse after that. I have no doubt it would have terminated favourably, if the proper treatment had been adhered to.

Coroner. I believe that the homœopathic principle is, that if the patient is purged, that you go on purging; if sick, you make him sicker? Dr Kelsall. The patient here was not purged till coffee and toast were given him.—Coroner. The first symptom was bowel complaint? Dr Kelsall. That had ceased, from what I have heard of the case, and the proper course would then have been to leave the stomach perfectly at rest for a time, and then only food in small quantities, and of the lightest description, should be given.—Coroner. If there is purging, would you allow that purging to go on without stopping it? Dr Kelsall. No. Should be glad for it to stop, but food is the last thing that would do it in such cases; and the chalk mixtures, &c. &c. that are generally given, I know would have been still ten times worse; I have treated numerous patients for cholera of late, and out of full a hundred cases have lost but ten.

A Juror. Any labouring under the same symptoms as in this case? Dr Kelsall. Yes. Had one patient to whom I forbade food for twelve days; I asked the mother some time after if she had *strictly* adhered to my orders; she had, she said, save once, "I gave him some milk and arrow-root, and then I found I had done wrong." I had seen the result of this, but did not know the cause though I suspected.

Coroner here considered it better to read over all the evidence, in the course of which he asked Mr Davis if he found any fat during the post mortem? Mr Davies replied *no*, and that the *gall-bladder was empty*.

Mr Pearce wished to draw the attention of the jury to that part of the evidence, in which one witness endeavoured to prove that he *had taken his brother out of the hands* of Mr Harris, which was not the case.

Coroner resumes the inquiry.

Mr Harris considers the patient had not sufficient food. In fact, he ordered him strong beef tea, arrow-root, &c. Should have gone on with the same treatment if he had conducted the case.

A Juror. Do you generally restore the patient when you give food? Mr Harris. Very many, Sir.

Mr Johnston to Mr Davis. Do you consider brandy and water a proper thing to give a man in that state? Mr Davis. Certainly, Sir. The patient wants stimuli in that state; but should not order it "*ad libitum*," or food in great quantities, but rather in small quantities, watching the case, say a small cup full at a time, according as the patient could bear it.

The Coroner here remarked to the jury, that they must not allow their minds to be prejudiced by any thing they might have heard out of doors or elsewhere. On looking at the evidence, I find that of Mr Davis and Mrs Pearce most important. Davis states that he was called in on the

17th day of September, and found the deceased was suffering from ex-
haustion, and also states that he died from that cause; that Mrs Pearce
was ordered not to give him food, and whether that was given——

Mr Davis here wished to qualify the statement, "That it was from
want of food." Of course it was coupled with the disease and debility, as
well as the absence of food.

Coroner. Heard nothing of this on a former occasion. (Reads.) "The
cause of death was exhaustion from the want of food."

Mr Davis. *And* the disease: of course the absence of food helped.

Coroner.—You must repeat your evidence again, sir.

Mr Davis said he found him labouring under *cholera together with
want of food*.

Coroner. Will have a direct answer; did he die from disease or from
want of food? Mr Davis. *Could not come to a certain conclusion*; the
patient said he wanted food.

The Foreman, (very sharply.) I think, Sir, that Mr Davis is varying
from his former evidence: he said he had put the question distinctly to
Mr Davis, who said he had died from exhaustion and want of proper
food, and that evidence is written down.

Mr Johnston. Can Mr Davis distinguish between exhaustion from
disease and exhaustion from want of food? Mr Davis. Should conceive
that he had exhaustion from want of food.

Coroner, (sharply). Did he die from exhaustion, Mr Davis? Mr Davis.
I believe he did.

Mr Pearce wished Mr Davis to qualify that statement with his former
evidence, namely, as to the patient's having fifteen motions before he was
called in. Mr Davis said, he had found the *patient in a state of exhaus-
tion from disease, certainly*, as well as want of food.

Coroner. Then, you mean to say, that the man died from exhaustion
from disease, as well as from want of food? Mr Davis. Yes, sir.—

Coroner. Was the disease caused by want of food?—Mr Davis. That I
cannot say.—Coroner. Would want of food produce congestion? Mr
Davis. It would.—Coroner. You found congestion, Mr Davis? Mr
Davis. I did.

Mr Johnston. If food be given to the patient in a state of fever will
it digest? Mr Davis. Certainly not: he had not fever at that time: he
had exhaustion.

Coroner. Mr Davis modifies his evidence now: he says the want of
food would cause the congestion. Mr Davis (rather angrily) said, that
disease and hunger together.—Coroner. Considers it amounts to the same
thing. The jury has to consider who it was withheld the food, at the same
time it appears, *that he has been treated homœopathically*. Now, *this is
a treatment looked upon by the profession as a species of humbug, or
quackery*. I cannot say whether this is the case. We know that food is
the aliment necessary for the support of life. In the absence of food de-
bility must follow and terminate in fatal exhaustion. I believe I can say
with truth, homœopathy is looked upon by all the *professional and intel-
lectual men of this country as quackery*. They do not think anything of
the system as founded on scientific principles, and if you look at it in a
common sense way, it is wholly futile or absurd. Now, to support the
powers of animated life food must be given, or life cannot be carried on.
I feel strongly on the case myself; but should not like to say anything on
the case to hurt Mr Pearce, still he is considered in the sight of the law
as totally unfit, and unqualified. The law is, that, if such a person,
whether qualified or not, treats a disease and causes death by treatment
being unskilful; such a person, I say, would be considered guilty of man-

SECT. V. slaughter. He may consider he is doing right, but he is liable for the consequences.

The Coroner here read some precedents, in order that the jury might be guided in drawing their conclusions, and not be persuaded by his opinions, where persons both qualified and unqualified were committed, and found guilty of manslaughter, through gross and unskilful treatment, through gross neglect, through administering quack medicines, &c., when proper medical aid was at hand. One case which he, the Coroner, thought applicable to the case in question was, where a person undertaking the care of a disease, he being licensed or not, and is guilty of grossly wrong treatment or of neglecting his patient, is liable to manslaughter. Not that he, the Coroner, thought there has been a great or gross neglect; but the *case has been treated homœopathically*. The question for your consideration is, whether he died from want of food, and whether it was refused by his brother; and if so, I have no hesitation in saying that such a person would be guilty of manslaughter. On the other hand, should you consider that he died from natural causes, you should certainly free Mr C. T. Pearce.

Mr Johnston, to the Coroner. You omitted, in recapitulating the evidence, that the widow had given the deceased food. Coroner again read that evidence.

Mr Davis recollected that it was during Mr C. T. Pearce's illness that he had ordered some light food. Mr Pearce said that the Coroner had omitted that.

The Coroner then ordered the room to be cleared, and the jury (after deliberating more than two hours and a half, during which time the Coroner was called in, and *remained with the jury together with the beadle, for thirty-six minutes*) brought in the following verdict:—

“That the said Richard Pearce, on the 18th of September, 1849, then and there died; and the jury further say, that the death of the said Richard Pearce was caused by a want of proper food and nourishment; and that he was prevented from taking any food or nourishment by the directions of and instructions of Charles Thomas Pearce; and that the said Charles Thomas Pearce did improperly and unskilfully treat and manage the said Richard Pearce for the cure of a natural disease; and that the said Charles Thomas Pearce is guilty of manslaughter.”

Many circumstances have occurred in connexion with this inquest of great interest, and as such worthy of record.

The first is a notice of the coroner's inquest in the *Non-conformist*. It follows:—

“CROWNER'S QUEST LAW.”

MR. THOMAS WAKLEY, coroner for Middlesex, and editor of the *Lancet*, is distinguished by two circumstances—his denunciation of favouritism shown in the appointment of relations by relations, to offices of responsibility, and his frequent iteration of the necessity of selecting for the office of coroner, a person belonging to the *medical* profession. Even non-professional people can remember the intensity of his attacks on Mr. Bransby Cooper, the nephew of Sir Astley Cooper, when the former, being Sir Astley's nephew, was

appointed surgeon to Guy's hospital. In fact, Mr. Wakley SECT. V. was the unsparing denouncer of nepotism. Equally zealous has he been in decrying the occupation of the coroner's judicial seat by any but a medical man.

These two characteristics have formed a principal part of the medico-political capital which Mr. Wakley has been for years so industriously working. Yet what has Mr. Wakley done? He has violated the teachings of his whole life. He has appointed his own son, Mr. Membury Wakley, to the coronership of Middlesex, and that son is a youth of two years standing at the bar. Such inconsistency is scarcely to be credited. Perhaps Mr. Wakley had a Cato-like firmness in the matter; he determined to sacrifice his parental love in demonstrating through his son the truth of his long-cherished opinions; it may be, he knew that the judicial conduct of his boy would be so beneath the dignity of the office to which he was appointed, as both to bring favouritism, as exhibited in the appointment of relations by relations, into disgrace, and to demonstrate the unfitness of inexperience for the coroner's office.

It is true, we did not expect such high-toned morality from Mr. Wakley; but still no other conclusion can be arrived at; for we cannot suppose that Mr. Wakley is false to those professed principles by which he has forced himself into notoriety.

These remarks have originated upon reading the report of a coroner's inquest, held on the body of Richard David Pearce, which terminated in the following extraordinary verdict:—

“That the said Richard Pearce, on the 18th of September, 1849, then and there died; and the jury further say, that the death of the said Richard Pearce was caused by a want of proper food and nourishment; and that he was prevented from taking any food or nourishment by the directions of and instructions of Charles Thomas Pearce; and that the said Charles Thomas Pearce did improperly and unskillfully treat and manage the said Richard Pearce for the cure of a natural disease; and that the said Charles Thomas Pearce is guilty of manslaughter.”

SECT. V. The verdict is clearly not justified by the evidence in the report we have read, and there is sufficient ground in the short-hand writer's report for inferring that the presiding officer was himself the partisan of a medical theory, instead of manifesting the sobriety and protecting care of the judicial character.

Evidence was given to prove that the patient had taken food contrary to the medical attendant's orders: medical evidence was given by Dr. Kelsall to prove that abstinence from food is essential to carry out the treatment of Asiatic cholera to its successful termination; and yet to these evidences the coroner in his summing up, according to the report, makes no reference whatever.

Mr. Davis, who gave evidence on the first occasion—for the inquest was adjourned twice—asserted that the patient had died from exhaustion for want of food. On the last meeting of the inquest Mr. Davis wished to modify his statement; and the following colloquy appears to have taken place:—

“Mr. Davis here wished to qualify his statement, ‘That it was from want of food.’ *Of course* it was coupled with the disease and debility, as well as the absence of food.

“Coroner: Heard nothing of this on a former occasion. [*Reads.*] ‘The cause of death was exhaustion from the want of food.’

“Mr. Davis: *And* the disease: of course the absence of food *helped*.

“Coroner: You must repeat your evidence again, Sir.

“Mr. Davis said he found him labouring under cholera together with want of food.

“Coroner: Will have a direct answer; did he die from disease or from want of food? Mr. Davis: Could not come to a certain conclusion; the patient said he wanted food.

“The Foreman [*very sharply*]: I think, Sir, that Mr. Davis is varying from his former evidence: he said he had put the question distinctly to Mr. Davis, who said he had died from exhaustion and want of proper food, and that evidence is written down.

“Mr. Johnston: Can Mr. Davis distinguish between ex-

haustion from disease and exhaustion from want of food? SECT. V.
Mr. Davis: Should conceive that he had exhaustion from want of food.

“Coroner [*sharply*]: Did he die from exhaustion, Mr. Davis? Mr. Davis: I believe he did.”

A total absence of reference to Dr. Kelsall's evidence, marks, as already stated, the summing-up of the coroner.

When Mr. Johnston, the solicitor of the medical attendant, expressed his wish to call medical evidence to prove the propriety of Mr. Pearce's treatment by his brother, the report says Mr. Membury Wakley declared it to be unnecessary, for “homœopathy has nothing to do with the present case.” He added, “The system may be well and good enough; this is another thing:” yet, in the summing up, Mr. Wakley remarks, —“The jury has to consider who it was withheld the food: at the same time, it appears he had been treated homœopathically. Now this is a treatment looked upon by the profession as a species of *humbug* or *quackery*. I believe I can say with truth, homœopathy is looked upon by all the professional and intellectual men of this country as quackery. They do not think anything of this system as founded on scientific principles; and if you look at it in a common-sense way, it is wholly futile and absurd.” Common-sense people will be led to inquire how Mr. Wakley could so speedily forget, that, after having said, “homœopathy has nothing to do with the matter,” he yet drags it in, and drags it in adversely to the medical gentleman accused.

But when to this is added, that Mr. Wakley expressed his knowledge of homœopathy thus,—“I believe that the homœopathic principle is, that if the patient is purged, then you go on purging; if sick, you make him sicker,”—the presumption manifested by him in declaring, that the homœopathy held by homœopaths is a humbug, a quackery (all will agree that *his* homœopathy is such), becomes disgusting; and when it is remembered that this person is a judge, the inquiry at once presents itself to the understanding, whether such a person should be permitted to fill the judgment seat?

If coroners' courts are to lose their value, and to become obnoxious to the people of this country, such proceedings as

SECT. V. those recorded in this case will have a strong tendency to realize such results. In our opinion they call loudly for parliamentary inquiry.

CHAPTER III.—*The opinion of the Recorder on the subjects of inquiry before Coroners' Juries.*

The next circumstance worthy of record is the part of the address of the recorder of the city of London to the grand jury at the opening of the Central Criminal Court at the Old Bailey in November, relating to this case.

“He would address a few observations respecting a charge of manslaughter, which would be presented to them on the finding of a coroner’s jury, who, upon the evidence before them, had returned a verdict charging the accused person with that offence.

He did not mention this in order to prejudice the attendants, but he thought it right to call the attention of the grand jury to the nature of the inquiry to which their attention would be directed, that they might see whether the evidence would support the charge. It appeared that the accused person was alleged to have committed the offence of manslaughter on the person of his brother, by practising what was called the homœopathic system, and refusing to allow him to have sufficient food while suffering under a supposed attack of cholera. The person accused of this offence, he believed, was a medical student; but he was not duly qualified to practise. This, however, made no difference, as the law was distinctly laid down, that if a person, whether duly qualified or not, acted honestly and *bonâ fide* in the treatment of a disease, and death ensued from any operation he might perform, it would not be manslaughter. If, however, it was shown that the person who took upon himself to act as a medical practitioner, in the course of his treatment occasioned the death of the patient by gross and criminal negligence and inattention, in that case the offence of manslaughter would be made out; and this had been laid down in the case of *St. John Long*. If the *mode of treatment was of a DOUBTFUL character* that would *not* be sufficient, and the grand jury must be satisfied that there had been either gross ignorance or criminal inattention, before they would be justified in returning

a bill for manslaughter; but if they were satisfied by the evidence that there had been such ignorance or inattention on the part of the prisoner, and that death was the result, the fact of the accused being a medical man or not, ought to make no difference in their decision.”

These remarks on the legal part of the question show how deficient the barrister, Mr. Membury Wakley, is in his knowledge of law; for the recorder testifies that with the mode of treatment the coroner and his jury had nothing to do: “If the mode of treatment was of a doubtful character, that would not be sufficient.”

The trial came on, and the friends of Mr. Pearce and of homœopathy knew that then the truth would appear. They knew that the medical witness on whose evidence Mr. Wakley rested his summing up, would exhibit a spectacle that would for ever shame him; he, fortunately for him, escaped from the trial, the case being not allowed to go on.

CHAPTER IV.—*Report of the Trial of Mr. CHARLES THOMAS PEARCE, at the Old Bailey, for Manslaughter.*

On Saturday, October 27th, 1849, Mr Charles Thomas Pearce was arraigned at the Old Bailey, before Mr Justice Maule, on a charge of manslaughter, alleged to have been occasioned by homœopathic treatment. The indictment charged him with killing his brother, Richard David Pearce, by neglecting to order him, in his professional capacity, a sufficient quantity of nutritious food to keep him alive. The case for the prosecution was conducted by Mr Horry; and the prisoner was defended by Mr Sergeant Wilkins, Mr Clarkson, and Mr Parry. The indictment having been read, the prisoner pleaded “Not Guilty,” when the case for the prosecution was thus opened by

Mr. Horry: Gentlemen of the jury, this is an indictment, as you have heard, arising out of a coroner’s inquest, charging the prisoner with feloniously killing and slaying his brother Richard David Pearce. The circumstances of the case are very short—shorter, perhaps, than the fact of the attendance of so many medical men here might make it appear—for the case lies in this: whether in point of fact, the treatment of the deceased by the prisoner at the bar was a proper treatment or not. It appears by the case that the deceased party, Richard David Pearce, was the brother of the ac-

SECT. V. cused, and that about the 9th of September last he was attacked by all the symptoms, I understand, which generally prevail in cholera. On that occasion it appears that his wife Mrs Pearce, called in a medical gentleman named Harris, who will be called before you. He proceeded to treat the disease according to the best mode he could—according to his judgment and practice. In his judgment, at the latter part of the day, Richard David Pearce was going on as favourable as could be expected under the circumstances; but about that time, the prisoner at the bar, who, I understand, is secretary to some homœopathic institution, was called in, and finally superseded Mr Harris, because Mr Harris declined to act upon the homœopathic treatment. However, the homœopathic treatment was adopted and carried out wholly and fully from the period of Pearce being first called in to treat the disease—that is to say, no other person whatever was suffered to interfere with him; no person was suffered to act contrary to his directions. Now what the treatment of Mr Harris was you will hear bye and bye, but it is my duty to allude to the treatment of Charles Thomas Pearce, who stands at the bar: instead of the system adopted by Mr Harris, he adopted what is called the homœopathic system, as far as we can learn; because the parties whom I shall call before you will state that the prisoner fetched the medicines himself, that they were very small bottles indeed, and that he carried them to Mr Pearce; and Mrs Pearce will prove that she faithfully administered those medicines according to the directions of the said Charles Thomas Pearce. Well, gentlemen, perhaps the most important part of the case for you to consider will be this—what was the treatment of the disease in combination with the medicines that were administered? For I apprehend it will be part of his case to show that the medicines he administered, if any, were given in such quantity and of such quality as ought to have operated upon the deceased in all ordinary cases. Gentlemen, it appears that the prisoner directed positively nothing in the shape of solid food to be administered to his brother. Beef-tea and gruel, I believe, and some other things of that sort, were to be administered to him, but nothing else at the time. The unfortunate man who finally fell under this treatment (whether really so or not will be decided by you) complained that he was starving, and said he should like to have something more than he had been taking; still, as Mrs Pearce was acting implicitly under his brother, she declined to give it. The result was, that he lived from day to day, and finally died quite exhausted; for when the body finally came to be opened by the gentleman who will be called

before you, it was seen that there was nothing in the body that could support life, even under the homœopathic system. He died on the 18th Sept. A coroner's inquiry was held, and the result is the presence of the prisoner here to day on trial on the coroner's inquisition. I am bound to tell you that the grand jury threw out the bill preferred against the prisoner; but I apprehend that that will operate neither one way or another. I cannot tell what witnesses were called before the grand jury, and now cannot tell what was their motive for rejecting the bill; but for you it is quite sufficient that a coroner's jury of twelve men have adjudged the prisoner guilty of manslaughter. With regard to medical treatment, I do not profess to be acquainted with the homœopathic treatment, nor with any other treatment, nor do I profess to have any knowledge whatever of medical matters. Whether the course adopted by the Board of Health is to be implicitly followed, or whether that of private practitioners is to be adopted, or that of homœopathy, I don't know, nor, I dare say, do any of you. You will be guided by the testimony that will be brought before you. If, according to that testimony, you believe that the prisoner acted to the best of his judgment in taking up the ease, and that as far as human judgment goes, it might have been a correct course, probably you will find a verdict for the prisoner. But, I apprehend, in order to come to that conclusion, it will be necessary for you to know, in the first instance, whether the prisoner at the bar was, or not, a person qualified to form a judgment on such diseases. Now I am bound to inform you, according to my instructions, that so far from being a medical man, or ever having studied medicine, his position, as far as I can learn, was precisely the reverse, and that he was engaged in pursuits totally at variance with that of medicine. If that should be the case, I apprehend so much graver does the charge lie upon him. It has been laid down, and very properly, that anybody—you, or I, or anybody else, may assist a fellow-sufferer in an emergency, and if we do it under these circumstances to the best of our judgment, why then it would be very hard indeed, if we were to be made answerable to a criminal charge. You might fall down in a fainting fit, and I might know some way of bleeding you. You might recover, but if you were to die, it would be very hard to bring me to trial. And if a fairly authorised man uses that treatment which is best in his judgment and conscientious belief, then he should not stand guilty; but it must be a part of your consideration whether he was qualified to form a judgment as to the mode of treatment; and more than that—whether he was the person to come in and

SECT. V. supersede a medical man. Here then arises the burden of the charge, the question of treatment will be brought before you. I do not know whether we are going to try to-day the effects of homœopathic treatment or not.

His Lordship. As the indictment is represented to me, it narrows itself to this—In order to be found guilty, the prisoner must be proved to have committed homicide in the manner described—not precisely, but in a similar way, as in the case of death by gunpowder, gunshot wound, and the like. It is stated in the abstract, which I dare say is correct, that the prisoner killed the deceased by refusing to permit or allow to be administered to him any food, victuals, or nourishment, for the support and maintenance of his body. Therefore by the want and absence of such food he died. This is the particular mode of starving to death.

Mr Horry. I felt myself whether the prisoner had sufficient power over the deceased as to be guilty of starvation, seeing that Mrs Pearce was an intermediate party.

His Lordship. It rather surprised me to find that the prohibition of food was not *general*, but only a prohibition of some particular kinds of food; beef-tea and gruel were given, as I understand.

Mr Horry. I allude to homœopathy, because this is one of the subjects on which I shall have to call witnesses before you, for you to decide according to your own judgments. I was going to allude to the point of the woman intervening. I do not know whether there was a sufficient control over him to substantiate the charge. If she believed him to be a medical man, or believed that he had power to cure the deceased, you will say whether she might not have acted under his directions innocently, believing that if she did not, her husband would die.

The witnesses for the prosecution were then called. The first was Mrs Pearce, who was examined by Mr Horry as follows.

Mr Horry. What is your name? Witness. Jane Pearce.—Mr Horry. Are you the widow of Richard David Pearce? Witness. Yes.—Mr Horry. You recollect your husband being attacked with an illness? Witness. Yes, on Saturday night, the 8th September. Saturday night was the first.—Mr Horry. Very well. In consequence of his illness, did you call in Mr Harris? Witness. Yes.—Mr Horry. How soon did Mr Harris attend? Witness. On Sunday morning.—Mr Horry. Mr Harris attended once, or more than once on that day? Witness. Three times in the course of the day.—Mr Horry. Did he prescribe for him, or bring him any medicines? Witness. He prescribed for him on Sunday morning.—Mr Horry.

Did you get any medicines? Witness. Yes, he sent some medicines, sir.—Mr Horry. Did he send medicines each time. Witness. Yes, sir.—Mr Horry. Did he give you any directions how to treat your husband? Witness. Yes, sir.—Mr Horry. Did you follow Mr Harris's directions. Witness. Yes, sir; on Sunday I did. Mr Horry. Did you afterwards see Charles Thomas Pearce? Witness. Yes, he was sent for on Sunday morning to see his brother. Mr Horry. How soon did he come?—Witness. Directly. Mr Horry. You know him, do you? Witness. O yes, sir.—Mr Horry. Now just tell us this: did he recommend anything or not? Witness. Yes. He recommended some medicine.—Mr Horry. You say Mr Harris attended three times? Witness. Yes.—Mr Horry. When did he last attend? Witness. On Sunday night was the last time. Mr Horry. Previous to that were you present at any conversation with Mr Harris and Charles Thomas Pearce? Witness. No, sir, I was not.—Mr Horry. The last time Mr Harris attended was on Sunday night. Who attended after that? Witness. Charles Pearce.—Mr Horry. No one else? Witness. No, not until Monday, when I called Mr Davis in.—His Lordship. Was that the next Monday? Witness. Yes.—Mr Horry. Did you know Davis? Witness. No.—Mr Horry. Did you know Mr Harris?—Witness. I did not know either of them till they called.—Mr Horry. By whose directions did you call in Mr Davis? Witness. By my own directions.—Mr Horry. Is he here? Witness. Yes, sir, he is.—Mr Horry. You say Charles Thomas Pearce attended your husband. Did he bring or send him medicines?—Witness. He brought some himself.—Mr Horry. And you received some from Mr Hasted? Witness. Yes.—Mr Horry. Did you administer those medicines? Witness. Yes.—Mr Horry. While you administered them, did you administer any others? Witness. No, sir.—Mr Horry. Did you faithfully attend to the directions of Charles Thomas Pearce? Witness. Yes, sir, while he was attending him.—Mr Horry. How long did he attend him? Witness. Till the Wednesday following.—His Lordship. Is that the 12th? Witness. Yes.—Mr Horry. What were his directions as to food? Witness. Nothing at all; no food at all was ordered; no food at all except the iced water and the medicine. He attended him till the Wednesday.

His Lordship. What time? Witness. About eight o'clock.

Mr Horry. He sent medicines after that? Witness. Yes.—Mr Horry. Did you attend to his directions, and give him nothing but iced-water and the medicines? Witness. Yes, till Wednesday.—Mr Horry. What condition was your husband in on Wednesday? Witness. Much the same as when Mr Pearce first attended him.—

SECT. V. Mr Horry. You did not give him any gruel, did you, or any thing of that sort? Witness. Not till Wednesday: on Wednesday Mr Pearce ordered some gruel and I gave it to him.—Mr Horry. You gave gruel according to Pearce's directions? Witness. Yes.—Mr Horry. Well, Did you give anything else? Witness. No.—Mr Horry. What did you give him afterwards? Witness. Beef-tea and gruel. Mr M'Oubrey recommended that.

His Lordship. Any bread? Witness. A small piece of bread.—His Lordship. In the beef-tea or gruel, I suppose? Witness. In the beef-tea.—His Lordship. This was by whose orders? Witness. Mr M'Oubrey's.—His Lordship. Is he a medical man? Witness. Yes. His Lordship. Who sent for him? Mr Pearce.

Mr. Horry. Between Sunday and Wednesday did your husband complain? (Mr Sergeant Wilkins objected to this question, and it was accordingly not answered.)

Mr Horry. Mr M'Oubrey attended by the direction of Mr Pearce. Did Charles Thomas Pearce continue to attend after Wednesday? Witness. Not himself. Mr M'Oubrey attended him twice, Thursday and Sunday.—Mr Horry. Did Charles Pearce come after Wednesday? Witness. No.—Mr Horry. He sent medicines? Witness. Yes, as I said before.—Mr Horry. Did he send directions also how to treat him after Wednesday? Witness. Yes.

His Lordship. That was while Mr M'Oubrey was attending him? Witness. Yes. Mr Pearce sent medicines which he made up according to Mr M'Oubrey's directions.

Mr Horry. Mr M'Oubrey attended three times? Witness. No, sir, only twice.—Mr Horry. When did your husband die? Witness. On the 18th, sir.—Mr Horry. Mr Davis, what did he do? Witness. He gave some medicines on Monday evening.—Mr Horry. Davis did? Witness. Yes.

His Lordship. Is that the day before he died? Witness. Yes.

Mr Horry. You sent for Mr Davis yourself, did you not? Witness. Yes.

His Lordship. As I understand, then, it was in this way: Mr Harris was first called in. Witness. Yes.—His Lordship. Then on Sunday night, the 9th, the prisoner came. Witness. Yes.—His Lordship. Then he attended him that night and on Monday, and then on Wednesday Mr M'Oubrey came? Witness. No, on Thursday Mr M'Oubrey came.—His Lordship. Then the prisoner left off attending him. Mr M'Oubrey attended on Thursday and Sunday, and on Monday night you sent for Mr Davis? Witness. Yes.

Cross-examined by Mr Sergeant Wilkins:

Sergeant Wilkins. How long, ma'am, have you known the prisoner? Witness. Ten years.—Sergeant Wilkins. Now do you happen to know that for the last five years he has been studying medicine? Witness. Yes, for what I know.

His Lordship. You have understood that, have you? Witness. Yes.

Sergeant Wilkins. Do you know that he was a lecturer* upon the physical sciences at the University College of London? Witness.

I have heard so, sir.—Sergeant Wilkins. Now do you know that he attended lectures on anatomy, &c. Witness. I cannot say,

sir.—Sergeant Wilkins. Do you know whether he attended the lectures of different eminent men, yourself? Witness. O yes,

sir, I have heard him say so.—Sergeant Wilkins. Now, in the first instance, you say Mr Harris attended your husband. Wit-

ness. Yes.—Sergeant Wilkins. Upon Sunday evening the prisoner was sent for? Witness. Yes, sir.—Sergeant Wilkins. Was it his

brother who requested it? Witness. I never heard him.—Sergeant Wilkins. However on being sent for he came? Witness. Yes.

His Lordship. How came he to be sent for? Witness. His brother wished to see him in the morning when Mr Harris attended

him; † and in the evening he came again by my sending for him.—His Lordship. He was sent for then by the desire of your husband?

Witness. Not as I know of; he only wished to see him.—His Lordship. What do you mean then?

Sergeant Wilkins. She is drawing a distinction between sending for him, and sending for him as a doctor. To the witness. Did Mr Harris come again? Witness. Once or twice: Mr Harris was out

of town.—Sergeant Wilkins. Now, did you give the deceased some arrowroot on Tuesday the 11th, a week before he died? Witness.

Yes.—Sergeant Wilkins. You gave him some arrowroot instead of some weak gruel? Witness. Yes.—Sergeant Wilkins. Did he vomit that up again? Witness. Yes.

His Lordship. That was on the Tuesday. How did he have the weak gruel? Witness. Because he preferred it.—His Lordship.

By whose directions did you give it? Witness. By Pearce's.—His Lordship. When was that given? Witness. On the Wednesday he ordered it.—His Lordship. But you say you gave him on

* This was an error on the part of Mr Sergeant Wilkins. The brief he held was misread; it stated that the accused had *attended* lectures, not *gave* lectures at the University College.

† The deceased anxiously entreated his brother to treat him, but his entreaty was refused, because he was in the hands of a medical man.

SECT. V. Tuesday some arrowroot. That is what you have been telling us, you know.

Sergeant Wilkins. You said you gave some arrowroot instead of some weak gruel. Who had given the order for the weak gruel? Witness. Pearce ordered the weak gruel.

His Lordship. You said Pearce ordered the gruel on Tuesday, after telling us that Pearce ordered that he should have nothing but the iced water and medicine till Wednesday.

Sergeant Wilkins. Was it Tuesday that you gave him some arrowroot? Witness. Yes.—Sergeant Wilkins. And you say you gave it instead of the weak gruel that Pearce ordered? Witness. Yes.—Sergeant Wilkins. Now, you gave the arrowroot, you know, upon the Tuesday instead of the weak gruel that Pearce had ordered. Mr Pearce then must have ordered that before the arrowroot was given? Witness. I am in such trouble that I cannot recollect just now.—Sergeant Wilkins. However, you did give him some on Tuesday instead of the gruel, and he threw that up? Witness. Yes. Sergeant Wilkins. How long had it been upon his stomach before he threw it up? Witness. Only a very few minutes.—Sergeant Wilkins. Now then did you give him some weak gruel on Tuesday after that? Witness. Yes.—Sergeant Wilkins. When did you first give him beef-tea? Witness. On Thursday for the first time.—Sergeant Wilkins. Then you did give him some weak gruel on Wednesday? Witness. A little weak gruel on Wednesday.

His Lordship. Did that agree with him? Witness. Yes.—Sergeant Wilkins. How much did you give him? Witness. Two teaspoonfuls at a time.—Sergeant Wilkins. How did it happen that the prisoner ceased to attend him on Wednesday. Witness. On account of illness; word was sent me that he was laid up with the cholera himself, and therefore Mr M'Oubrey attended him.—Sergeant Wilkins. Upon Thursday you gave him some beef-tea? Witness. Yes.—Sergeant Wilkins. How many times on Thursday? Witness. Three times.—Sergeant Wilkins. Did you give him some on Friday? Witness. Yes.—Sergeant Wilkins. And gruel? Witness. No, beef-tea.—Sergeant Wilkins. And again on Saturday? Witness. Some beef-tea.—Sergeant Wilkins. And on Thursday, you say? Witness. Yes.—Sergeant Wilkins. By order of Mr M'Oubrey? Witness. Yes.—Sergeant Wilkins. And again upon Saturday? Witness. Yes.—Sergeant Wilkins. And upon Sunday? Witness. Yes, and on Monday Mr Davis was sent for.—Sergeant Wilkins. Now what was given him afterwards? Witness. Some weak brandy and water, and chalk-mixture.—Sergeant Wilkins. Allow me to ask you, during

the whole of this time was the cholera upon him? Witness. Yes, sir.---Sergeant Wilkins (to his Lordship). I submit that is an end of this case.

His Lordship: I suppose there is somebody who will come and say it is quite certain that this man was killed by not having nourishment on Monday and Tuesday.

Mr Horry. That is the testimony of the surgeon.

Sergeant Wilkins. No, no, indeed it is not, we have his testimony here.

Mr Horry. The thought has certainly occurred to me that several persons interfered in the matter; I will therefore leave it in the hands of your Lordship.

His Lordship. It is very strange to me if a person whose bowels are very much out of order could be killed by being without food for two or three days. If such were the case, *I* should not be here to-day. Perhaps you had better call any medical witness who would say that death was caused by this treatment.

Mr Richard Harris was then sworn.---Mr Horry. Are you a surgeon? Witness. Yes, sir.---Mr Horry. You recollect being called in to attend Mr Richard David Pearce? Witness. I do.

His Lordship. What day was that, Mr Harris? Witness. On Sunday, the 9th of September.

Mr Horry. Now say in what condition you found him? Witness. I found him suffering under Asiatic or malignant cholera; I saw him first about 11 o'clock in the morning; in the afternoon he was much in the same way; I subsequently saw him about 9 o'clock in the evening, I was sent for in great haste.

His Lordship. In what stage of the cholera did you find him? Witness. Collapsed.---His Lordship. That is almost dying? Witness. He was in a very critical state, sir, all day Sunday.

Mr Horry. You attended him three times on that day? Witness. Yes, on that day.---Mr Horry. You gave him medicine? Witness. Yes.---Mr Horry. Now, on Sunday evening how was he going on? Witness. He was somewhat relieved to what he had been in the morning, but he was still in a very critical state. He was in the greatest possible danger.---Mr Horry. But not in so much danger as in the morning? Witness. Yes, I think he was, though his symptoms were not so bad, and his pain and sufferings were in some degree relieved.

His Lordship. Why, just as if he had been going to die? Witness. Just so.

His Lordship. Did you believe him to be dying at the time?

SECT. V. Witness. I thought his state one of great danger, but not hopeless.*

Mr Horry. I need hardly ask you whether you were prepared to go on with the case? Witness. Certainly, most assuredly. I do not know whether you are acquainted with the way in which I gave up the case---Mr Horry. How soon did you see Charles Thomas Pearce? Witness. About half an hour afterwards. Hearing that he had a brother in the profession, and finding him in extreme danger, I requested to see him, that we might have a consultation on the case---Mr Horry. That was your request, and not the brother's? Witness. My request---Mr Horry. And not the brother's? Witness. My request entirely---Mr Horry. Did you afterwards see him? Witness. Not professionally---Mr Horry. Did you have any conversation about the case? Witness. On that evening I did---Mr Horry. What took place? Witness. I told Mr Pearce that I considered his brother in very great danger, I represented to him what I had done; and asked him if he had any observations to make upon the case, or any suggestions to offer with regard to his brother's welfare. He then said "as regards the old system, the allopathic plan, which you have adopted, you have done all that you could do," or something to that effect. He said, as we both considered the case one of extreme danger, he should like to have the homœopathic system tried, (I speak from memory): my reply was, "I know nothing at all about the doctrine of homœopathy, and I must leave the case in your own hands." I could not act at all in concurrence with him. He then asked if I had any objection to look in as a friend, if I would not come professionally.

His Lordship. What did you say? Witness. "Certainly not, I have no objection to look in as a friend." But I gave up the case to his feelings as a brother.

Mr Horry. Did any thing else pass? Witness. Nothing that I know of.—Mr Horry. At the time this conversation took place, did you believe that he was a medical man? Witness. I did not ask him that question.—Mr Horry. You said just now, that hearing he had a brother in the profession, you sent for him; now I want to know how you knew him to be a medical man, or in the profession? Witness. Well, I don't know that I gave the matter a thought. I heard that he was in the profession, but I don't know whether he was a qualified man or not.

* Mr Harris explained his meaning by quoting the universal expression, "While there's life there's hope."

His Lordship. There was nothing in his conversation to show SECT. V. that he was not? Witness. On the contrary, from his conversation I should suppose he was: he told me he had been in the University College four years.—His Lordship. Did he talk like a medical man? Witness. Yes.—His Lordship. Surely you could tell: why, if he did not talk like a medical man, you would not suppose him to be so. Did you look in as a friend? Witness. I did.—His Lordship. How did you find him? Witness. He was considerably relieved: a reaction had taken place.—His Lordship. Did you look in after that? Witness. I did, on the following day, on Tuesday.—His Lordship. How was he then? Witness. Not so well.—His Lordship. Did you look in again on Wednesday? Witness. No, sir. I did not see him afterwards till the day before his death. I then called to see his wife, and he happened to be in the room at the same time.

Sergeant Wilkins. I believe you have already expressed an opinion that he died from the disease? Witness. I hardly know whether I am justified in giving that opinion. On Sunday the disease was sufficiently urgent to cause his death.

His Lordship. You saw him on Monday, and he seemed better? Witness. Yes.---Sergeant Wilkins. Did you refer to the Sunday before his death? Witness. Oh no, Sir, I beg pardon, Sunday the 9th.

His Lordship. On Sunday, you say, he seemed in quite a desperate state, and nearly dying! Witness. Yes.—His Lordship. On Monday, you say, he had rallied, and at that time the prisoner began to attend him. On Tuesday he was rather worse, but not so ill as on Sunday. On Wednesday you did not see him any more; and, for any thing you saw, the prisoner's plan was judicious, to judge by the effects of it? Witness. I was vain enough to think it was my plan that caused the re-action.—His Lordship. Have you any reason for supposing that he did harm by his plan? Witness. No.—His Lordship. Is a person suffering from cholera, and in a collapsed state, fit to deal with solid food? Witness. I had no reason for ordering food till he could eat it.—His Lordship. If a person is suffering from cholera so far as to be in a collapsed state, are his digestive organs capable of dealing with solid food? Witness. Liquid food he could take.—His Lordship. I am asking about solid food? Witness. No, sir.---His Lordship. Why don't you answer then. You might as well say he could put on a clean shirt if he wanted. It does not require a man of science to be able to give a plain answer. A man in a collapsed state cannot eat a beef-steak, or take what you may call nourishment. Were beef-tea and gruel as good things as he could take? Witness. I thought so.

SECT. V. His Lordship. This man seems to have been doctored as well as he could. How any man can say the defendant is guilty of manslaughter I cannot possibly imagine: it appears he was called in in a desperate case, and did everything it was possible to do under the circumstances.

Sergeant Wilkins. The real truth is, it is an attack on homœopathy, and not against him.

The case for the prosecution here dropped, and the prisoner was immediately discharged.

CHAPTER V.—*Comments on the Evidence of the Medical Witness.*

The witness on whose evidence Deputy-Coroner Wakley chiefly relied, was that of Mr. Davis,* a medical practitioner residing at Amptill Square, Hampstead Road.

It becomes a matter of duty to the public at large, and to the medical profession in particular, that his evidence should be examined in connexion with the whole inquiry. Such examination is essential, since this inquest is one among the increasing number, in which coroners' juries have been rendered inquisitions to examine and decide upon questions of medical theories; and so becoming will render such juries, when deciding upon statements made by individuals like Mr. Davis, the means of practically realizing, not only to the medical profession, but also to the public, in the liability to imprisonment for manslaughter, the ominous warning, so sententiously expressed by Mr. Justice Maule,—

“None of us will be safe.”

Conceive that it were allowed to pass unnoticed and unsisted, that, because a man ventures to give a medical opinion, which has an undue force given to it, because no opportunity is given to show its fallaciousness, and because it happens to be uttered before a coroner, who “feels strongly on the case,” that a person guilty only of the presumed crime of differing in medical opinion from the man giving witness, and from the coroner before whom the evidence is given, should be found guilty by a coroner's jury of the crime of manslaughter, and

* “On looking at the evidence, I find that of Mr. Davis and Mrs. Pearce most important.”—Deputy-coroner's summing up.

as such should be committed to a prison and treated as a felon, what man, medical or non-medical, would have his liberty safe ?

According to the conclusion, realized in this case upon medical testimony, any parent who, for the sake of his child's recovery, determined that he should abstain from food, would be liable to a verdict of manslaughter. And if once the coroner's court is to find a person guilty of manslaughter, because he has recommended abstinence from food, how many might be found guilty of manslaughter, who have caused the death of the patient, as it is likely was the case in this case, by giving food contrary to medical orders : for though the coroner sums up in accordance with the popular prejudice now, it may happen that a coroner may come who, regarding that food given *while disease exists*, is not nourishment, but poison, might sum up so as to obtain a verdict of manslaughter against some good, but ignorant brother, it may be mother, who gives food when it ought not to be given.

Such misuse of the coroner's court must therefore be resisted.

Looking at the past history of medical opinions, and the treatment of those holding them by their medical brethren, it is not deemed a very wise thing to allow even medical men to decide on the opinions of members of their own body ; but to allow persons not medical to decide points of medical practice, and the decision to have connected with it *criminality*, and the consequences of that criminality, is a stretch of power so anomalous as to require positive condemnation.

Such an application of the coroner's court, it appears to us, has been made in the case in question ; and to such an application Mr. Wakley was a party principally active, though, as a barrister of two years' standing, he ought to have known what the Recorder of London expressed in connexion with this very case, in his address to the grand jury :

“ If the mode of treatment was of a *doubtful* character, that would not be sufficient to justify in returning a bill for manslaughter.”

Just fancy a medical man attending a patient with the liability, (supposing some ignorant, and consequently bold medical man can be brought to swear that his patient died from

SECT. V. exhaustion from want of food,) of having a verdict of manslaughter, and the consequences of that verdict, hanging over his head, in case his patient dies. Such a man's life would be more miserable than that of a criminal. Yet such is the condition of every medical man in the division of the county of Middlesex over which Mr. Wakley presides as coroner, if he, guiding the minds of twelve men on *ex parte* evidence, is to have the power of deciding questions of medical practice. If this be allowed once to settle down into a custom, every medical man happening to practise his profession within the coronial range of Mr. Wakley, must ascertain what is Mr. Wakley's medical creed, and either bow to the medical image that this medical Nebuchadnezzar raises up for medical worship, or he must flee to the other division of Middlesex for safety.

The public are deeply interested in this question, for if any one needs clearness of vision, freedom from fear of consequences, in order to enable him to act with success, it is the medical man when in attendance in cases of danger; and yet these cases of danger, if such verdicts as the one in question are to be admitted without resistance, are the very cases in which he will have to work, under conditions not less painful than that represented as the lot of Damocles, who sat enthroned

“With a sword hanging by a hair above his head.”

Though Mr. Membury Wakley seems unable to understand this, it has been recognized by a judge of no mean position, Mr. Baron Platt, who, in a trial of a medical gentleman for manslaughter, remarked that “the promulgation of the doctrine that medical men are *criminally* responsible for following the dictates of their matured judgment, might have the effect of preventing surgeons and others from acting with that *confidence and boldness*, under peculiar circumstances, to which the preservation of life and limb is often due.” *

As already stated, the evidence of Mr. Davis formed the material which the deputy-coroner used in the summing up, which ended in a verdict of manslaughter against Mr. Pearce.

* *Journal of Health and Disease and Monthly Journal of Homœopathy*, vol. I. p. 407.

The following evidence was given by Mr. Davis :

John Davis.—I am a member of the college of surgeons. I was called to see the deceased, Richard David Pearce, on Monday, the 18th day of September, at 9 at night. I found him extremely emaciated and suffering from sheer exhaustion. *I immediately ordered a glass of brandy and water and nourishment and medicine.* I saw him again at eight o'clock on Tuesday morning, he was then dying. On the previous evening he said he had been starved by the homœopathic system. I ordered him to have brandy and water, beef tea, and milk.

I have made a post mortem examination, and found the liver and kidneys congested with blood, right side of the heart congested, gall bladder empty, lungs congested : there was no fat. The bladder was empty, there was a small quantity of liquid in the stomach, about an ounce. a brown liquid. I have, with the assistance of my son, analysed a portion of the liquid and found a small quantity of arsenic, but not sufficient to cause death : the cause of the death was exhaustion caused by the want of sufficient food and nourishment, and congestion. The lungs were sufficiently congested to cause death : there were no signs to lead me to suppose the deceased had had the cholera, the appearance of the viscera were not such as you meet with in cholera.

Having heard the statement of the witnesses, the progress and illness of the deceased and his medical treatment, and connecting the facts related with the appearances of the body, externally and internally, when I made the post mortem examination, I am still of the same opinion as to the cause of death, namely, the want of sufficient food and nourishment, and congestion.

The perusal of the evidence given by Mr. Davis at the inquest will present many additional particulars, and to this evidence reference will be made.

According to Mr. Davis, the deceased “died of want of sufficient food and nourishment, and congestion.”

Putting aside the verbiage of “food *and* nourishment,” the grounds on which Mr. Davis forms his opinion may be detailed.

These grounds are three : First, the appearance of the patient when Mr. Davis saw him first, namely, the night before he died ; Second, the declaration of the patient, that he had been starved by the homœopathic system ; and Third, the phenomena presented on opening the dead body, *the post MORTEM* appearances.

GROUND FIRST.

“ I found him extremely emaciated, and suffering from sheer exhaustion.”

SECT. V. “Suffering from sheer exhaustion,” not exhaustion simply, but sheer exhaustion; that is, exhaustion caused by sheer want of the means of living: in other words, Mr. Davis conveys that the man had been starved.

In coming to this conclusion, Mr. Davis must have disregarded the fact, that the patient had had an attack of Asiatic cholera, which was so severe that Mr. Harris, a surgeon, who first saw the deceased, declared he believed him to be dying. Mr. Davis must also, we think, have disregarded the second fact, that the day Mr. Davis saw the deceased, he had had a fresh attack of diarrhoea, having had fourteen dejections, a number sufficient to emaciate even a healthy man. Mr. Davis must have disregarded the third fact, that the patient had exposed himself to the cold, by going down on a bleak day. Sept. 15, into his garden, of his own self-will. Mr. Davis must have disregarded the fourth fact, of the injuriousness of the excitement of that self-will on his debilitated system. Mr. Davis must have disregarded the fifth fact, that the effect of this going down into his garden was such a severe prostration, that his family had great difficulty to get him back again. Mr. Davis must have disregarded the sixth fact, that the patient had had, after escaping the stage of collapse in cholera, the peculiar typhoid fever so generally occurrent, a fever almost as fatal as the collapse itself, and a fever attended with excessive exhaustion.

All these facts were, we think, disregarded by Mr. Davis, for he hesitates not to avow that the appearance of the patient indicated that he was suffering from sheer exhaustion.

The patient was, as every one but Mr. Davis would have supposed, after all these emaciating conditions, “extremely emaciated.” He had, as Mr. Davis afterwards added in reply to a remarkable interpellation of the coroner when summing up, “Any fat?” “No fat.”

This emaciation, by Mr. Davis, was from no cause but want of food. Such was the dreadful starvation, that all the fat, (it was easy for Mr. Davis to assume that the patient had had fat before he was diseased,) had been absorbed to supply nourishment to the sufferer. He had, pelican-like, fed on his own fat.

To Mr. Davis, big with the idea of starvation, it mattered not that it is characteristic of Asiatic cholera, that it emaciates in a few hours the person attacked with it, so that the appearance of a young man is changed to that of a man aged; it mattered not to Mr. Davis, that the emaciation produced by this disease is so remarkable as to have been described by those well acquainted with the disease as being similar to that shrivelling seen in the hands of washerwomen after a long wash.

All these well-known facts had in the mind of Mr. Davis no weight, it may be presumed because they had no existence there; but how Mr. Davis could have the boldness (these facts having an existence) to imperil a fellow-professional's reputation, by declaring the emaciation in the deceased was the result of sheer exhaustion, reminds of the aphorism—

“Fools rush in
Where angels fear to tread.”

The second series of evidences given by Mr. Davis as probative, that the deceased was suffering from sheer exhaustion, was founded on the statement of the patient.

“On the previous evening he said he had been starved by the homœopathic system.” Such is Mr. Davis's deposition.

The assertion of Mr. Davis was obtained at the inquest thus:—

“He saw him Tuesday morning. Deceased was dying then. On the previous evening he stated he had been murdered, or starved to death, or something to that effect.—Cor. Did he say by what or by whom he had been starved to death?—Wit. He said by the homœopathic system.”

Ground of doubt of the accuracy of Mr. Davis's statement in toto might be fairly raised from the vagueness of the assertion in his evidence, he had been murdered or starved to death, or “something to that effect.”

It is not necessary to invalidate Mr. Davis's statement. Still it is proper to record the fact, that of the five witnesses besides Mr. Davis, only two assert that he said he was starved to death; and these two were those who were least with him.

Eliza Higgins and John Hasted deposed thus:—

Eliza Higgins: “I have heard the deceased complain every hour in the

SECT. V. day of his wanting food, and he said that he was being starved to death. He said this the night before he died and for some days before he died."

John Hasted: "On Thursday preceeding his death, the deceased man asked me to ask his brother to let him have some nourishment, as he was starving."

Such was John Hasted's deposition. In his evidence at the inquest he stated:—

Cor. Did he ever say he was starved?—Wit. He did; he said this on the Friday night.

The testimony of the three other witnesses is different.

The widow deposed that her husband was always wanting victuals, and repeatedly said he would have it.

The widow's mother, Sarah Payne, when asked by a juror :

Did he make any remarks about food to you?—Wit. None but what I have said. Would not tell a story. I will speak the truth.

The coroner asked this witness :

Did you ever hear him say any thing about being starved?—Witness answered : He requested me to give him a cup of tea.

Mr. Harris deposes nothing respecting starvation.

So that two witnesses who were constantly with the patient, namely, the wife and the wife's mother, heard nothing about the starvation, although, according to Eliza Higgins, "every hour of the day he said he wanted food, and that he was being starved to death."

But the most extraordinary fact is, that, though he was being starved to death "by the homœopathic system," his constant wish was to see his brother, the man who starved him !

Eliza Higgins testifies that—

"Deceased particularly wished to see his brother."

The coroner puts to the widow a leading question: "Did he not make some remarks respecting the treatment he was receiving from his brother." The witness replies: "No; he made no remarks about that."

And again, a juror asked: "Did deceased wish to see Mr. Harris again?" The witness replied: "Yes; Mr. Pearce recommended Drs. Epps and Curie; deceased would not have them. *All he wished for was to see his brother.*" Mr. Pearce recommended the additional homœopathic advice on

the 17th, the day before the patient died ; consequently, up to SECT. V. the last day, the deceased wished to see his brother.

John Hasted, when questioned by the coroner respecting the treatment, thus—

“ Did he say he was satisfied ? ”

the answer was not “ No ; ” but was—

“ He wondered his brother did not come to see him.”

This also was the day before he died.

The coroner further, in endeavouring to obtain evidence as to the opinion of the deceased as to the treatment he experienced from his brother, asked Sarah Payne : “ Did he make any remarks about the treatment ? ” replied : “ None.”

So that, though all four witnesses testify that the deceased wanted to see his brother, though three of them testify that he made no complaint of the treatment to which he was subjected ; yet, Mr. Davis finds out from the poor man, that he was starved by the homœopathic system.

A man of enlarged mind would have carefully weighed the value of this assertion of a dying man. A medical man would have said to himself, that is, if he had had any experience in fever, and more especially in the typhoid fever of cholera, this craving for food is a marked feature in many forms of fevers, but especially in the cholera fever, may not this demand for food be a mark of delirium ? Mr. Davis might have been led to this conclusion more readily, because the widow gave evidence and deposed,—

“ On Friday, the 14th of September, he went out into the garden, he was very exhausted when he came in, and *was quite light headed.* ”

This evidence Mr. Davis heard, but to it he was as the deaf adder.

A well informed mind would at once have recognized the probability that this craving for food was the result of disease, from the fact, known to even the tyro in cholera symptoms, namely, that in the first stage of cholera there exists an intense craving for drink : drink, drink, is the perpetual cry : but, who knowing anything of cholera listens to the demand to give what the patient asks. He would drink gallons of water if given him, but he vomits all. A well informed mind would at once have had the idea originated : If this craving

SECT. V. for drink is a feature of one stage of cholera, may not the craving for food be a feature of another stage of the cholera, and as it is necessary to resist the application in the one case, is it not equally wise to resist it in the second?

But, Mr. Davis's mind was filled up with the one idea, "death by starvation," and there was no room for all these little thoughts of ingenuous minds to exercise their modifying influence.

GROUND THIRD.

However unsatisfactory the two grounds are on which Mr. Davis formed the opinion declared in his deposed dictum, that the deceased died from exhaustion from want of food, greater still is the want of satisfaction in the third reason.

He asserted that the deceased died of starvation, and when asked by Mr. Johnston—

"Will you describe to the jury, what were the indications that brought you to your conclusions? Mr. Davis. The expressions of the deceased, and the post-mortem examination."

No room for doubt remains that the phenomena, presented on examination of the deceased's body after death, constituted the ground for Mr. Davis's conclusion.

What these phenomena were, were elicited by Mr. Johnston—

"Mr. Johnston. Will you describe the post-mortem examination? Mr. Davis. The lungs and right side of the heart were much engorged; the liver also and intestines.—Mr. Johnston. Did you open the stomach and carefully examine the coats? Yes.—Mr. Johnston. Did you find anything? Mr. Davis. Some inflammatory spots.—Mr. Johnston. Did you open the intestinal tube, sir? Mr. Davis. No.—Mr. Johnston. Tell the jury what are the phenomena when a man dies from starvation? Mr. Davis. The same as existed in this case; no material difference."

From this evidence, it appears that the phenomena presented, according to Mr. Davis, were,—

1. The lungs were much engorged, i. e., congested;
2. The right side of the heart was much engorged;
3. The liver was much engorged;
4. The intestines were engorged;
5. The kidneys were congested;
6. The stomach was empty; and had some inflammatory spots on it.

7. The intestines were empty.

Mr. Taylor, who is Lecturer on Medical Jurisprudence at Guy's Hospital, has published a work, now deemed a standard work, on the subject of medical jurisprudence. In that work is a section devoted to the phenomena presented in death from starvation, and the following are the phenomena recorded :

The lungs are collapsed and destitute of blood; they are shrunk and contracted: states exactly opposite to these described by Mr. Davis as present in the deceased, and declared by him as indisputably demonstrative that the deceased had died from starvation.

Professor Taylor states in reference to the heart, that *it is collapsed and destitute of blood*: a state directly opposite to that described by Mr. Davis as present in the deceased, and declared by him as indisputably demonstrative that the deceased had died from starvation.

So that the conclusion must be arrived at, that either Mr. Taylor or Mr. Davis must be wrong. To suppose Mr. Taylor to be in error as to the phenomena would be to suppose that a person, who has paid attention to a subject with a view to writing a standard work thereon knows less than a man, who has had no opportunity, and has had no reason to study the subject at all.

But what mattered to Mr. Davis that the signs described by him are not the signs present after death from starvation? It mattered not to him that in case of starvation the lungs are collapsed and destitute of blood, and, yet, in the case of Mr. Pearce they were in a directly opposite state, i. e., congested.

Two incidental points, which Mr. Davis noted as indicative of the exhaustion from starvation, were the stomach being empty and the intestines being empty.

In reference to the former, any one acquainted with physiology knows that the food always leaves the stomach in four to six hours after it has been taken; and, therefore, its emptiness, per se, is not indicative that the party having the empty stomach died from starvation.

Some argument might be drawn from the fact of the intestines being empty. Mr. Davis, it will be presumed, would not

SECT. V. venture to make this fact to be one point of the evidence on which he was to injure the reputation of a medical practitioner, without a most careful examination of the intestines from the stomach to the last gut.

What is the fact? Mr. Davis did *not open the intestines*. So that this extraordinary man could tell that the intestines were empty without opening them. The eyes of most men cannot penetrate into a cavity without removing the investments of the cavity; but, Mr. Davis's vision enabled him to penetrate the intestines and to see their interior without opening them.

"The stomach and the intestines are empty, but healthy," Professor Taylor asserts, in case of death from starvation; but Mr. Davis states that though the stomach was empty, it was not healthy, but had on its inner coat inflammatory spots.

Professor Taylor remarks, that in death from starvation, "There is the most complete prostration of strength, which renders the individual incapable of the least exertion." (*Manual of Medical Jurisprudence*, p. 636, 2nd edit.) Yet Mr. Davis knew that the patient had been into his garden on the day but one before he saw him.

That upon such evidence as this, a man brought up to the profession of a barrister should rely is most extraordinary. The further the inquiry is carried, the more extraordinary does the evidence become. The following transpired in the course of the inquest:—

Cor. Did you think deceased had cholera?—Mr. Davis. Could not swear. *No evidence in post mortem examination to prove the man died of cholera.*

So that Mr. Davis positively testifies that there was no evidence in the appearances after death to prove the deceased died of cholera.

The examination proceeds:—

"Coroner questions: Thought it was from exhaustion caused by the want of food: *several organs congested and sufficiently so to cause death*: the lungs and heart much congested."

The examination proceeds by Mr. Pearee asking Mr. Davis:

"Whether congestion of the internal organs is not an *invariable sign*

after cholera?" And Mr. Davis replied: "MOST CERTAINLY, MOST CERTAINLY." SECT. V.

So that the deceased presented no signs of cholera in the examination after death; nevertheless, congestion of the internal organs was present; and though congestion of the internal organs *is* an invariable sign after cholera, yet the patient had no sign of having died of cholera!

Can contradiction descend deeper? Yet on this evidence a brother is made to be guilty of the manslaughter of his brother.

It would have been well had Mr. Davis read Taylor on Medical Jurisprudence, before venturing to be so dogmatically positive on the appearances in persons dying of starvation. He might then have met with the subjoined, which is earnestly recommended to his notice:—

"It is unnecessary for me to remark that great responsibility is attached to the duties of a medical witness, and that any member of the profession may find himself involved in this responsibility, from circumstances of merely accidental nature. He should remember that his duty lies strictly in developing *medical* proofs; and he must endeavour to lay aside that feeling, which often induces us to see a criminal in every one who happens to be accused:—" *prius est de crimine quàm de reo inquirendum.*"—(GROTIUS.) I trust that I may not be found to have departed from this maxim in treating the subjects contained in this Manual. While I have endeavoured to bring forward every medical point necessary to establish a crime, I have not concealed the numerous objections to which medical evidence is exposed. On one side, my object has been to establish guilt,—on the other, to vindicate innocence. Whether in any case requiring medical evidence, a person be wrongly or rightly accused, is a question which rests with the jury, and not with the witness. In *recent* times, however, it has been customary to speak of a *medical* prosecution and defence. A witness who thus places himself in the position of a medical counsel, entirely forgets that his evidence should always be given with a view,—not to the acquittal or conviction of a particular individual, but to the vindication of justice, and the due protection of society! He appears for the country, and neither for the Crown nor the prisoner. He is bound to state conscientiously, without scruple or reservation, the *whole* of the medical facts and doctrines which may be necessary to bring out the truth. An unqualified answer, returned to a general question, may be the means of sending a fellow-creature into eternity;—and morally debased must be the mind of that individual, who, because he has been selected as a witness either for the prosecution or defence, thinks that he is justified in giving only as evidence what may appear to favour the prosecution or the prisoner. He should remember that his oath binds him to speak *the whole truth*, and not merely so much as may serve the party by whom he is summoned. If he has not the courage to place himself in this position, he is assuredly not qualified to act as a witness. He who would strain medical doctrines and distort medical evidence

SECT. V. before men unable to test the grounds of his professional opinion, in order to extricate one whose guilt was apparent, would have very little scruple where his interest inclined him, to express opinions that might consign an innocent person to the hands of the executioner. The power of a medical witness in a court of law is exceedingly great. If it be employed for good, it may be also employed for evil. A statement may be required as evidence, which will probably become the turning point of life and death to an accused person! Is such a statement to be made a subject of bargain and sale?—Yet if medical witnesses once give way to the temptation of rendering themselves partial advocates, it is impossible to say to what results the practice may ultimately led.”—*Manual of Medical Jurisprudence*, by Alfred Taylor, F.R.S.

CHAPTER VI.—*Comments on the Conduct of the Coroner.*

“I feel strongly on the case myself.”—Deputy-Coroner Wakley.

Mr. H. M. Wakley, when he made the above observation, uttered a truth. He did feel strongly, and it is proposed to present some illustrations of the strength of his feelings: an exhibition, which, it is hoped, will make him in future, when he feels strongly, to endeavour to feel wisely.

ILLUSTRATION FIRST.

Mr. Harris, the practitioner who first attended the deceased, was absent at the first and second meeting of the inquest. His evidence, it might be inferred, would be important, and Mr. Johnston, Mr. Pearce’s legal adviser, required that he should be called. Several of the jury considered his presence requisite; but the coroner

“Did not see the necessity of Mr. Harris being present.”

The inquest was adjourned to enable Mr. Harris to be present. His presence was attended with very evident illustrations of its necessity.

Some results of his presence may be noticed.

A juror had inquired of the coroner, at the second day of meeting of the inquest, respecting the giving up the patient by Mr. Harris to Mr. Pearce.

“Juror. Do you not think it very strange conduct of Mr. Harris, sir, to give up a patient in that state?—Cor. No, sir; it is but a piece of established etiquette between medical men in such cases, to quickly retire when another medical man is called in.”

Here the deputy-coroner indicates that Mr. Pearce virtually SECT. V. caused the dismissal of Mr. Harris—an indication not justified by any evidence given, and consequently unjustifiably indicated by the deputy-coroner as a fact; the more unjustifiably assumed, because had Mr. Pearce so taken the patient out of Mr. Harris's hands, any gross neglect or gross maltreatment would have had additional criminality attached to it.

The coroner evidently felt this idea as one of the points on which he felt strongly, since, afterwards, when Mr. Pearce, referring to the state of his brother on Sunday at one o'clock, had observed that he visited him simply as a brother, the coroner thus queried:

“Cor. to Mr. Pearce. Was deceased under your treatment then?—Wit. No, sir, I refused to treat him.—Cor. Don't you call it treating a man medically when you rubbed his legs for an hour and a half?—Wit. No, sir, it was treating him humanely. I rubbed him for humanity's sake. Should have rubbed you, sir, as long and as well, had you been in that condition.”

What judge but one who felt strongly on the case would have surmised that an act of humanity constituted an act of medical treatment, an act of intrusion of himself medically, an act of extrusion of another medically: in other words, that rubbing the cramp-affected legs of a suffering brother was an act dismissing the medical practitioner in previous medical attendance?

The importance of Mr. Harris's presence is exhibited in the fact, that he dissipates by his evidence the whole of the imaginings of the coroner.

Mr. Harris, in giving his evidence stated, that on leaving the patient on Sunday night—

“I requested one of the attendants to inquire whether Mr. Pearce would like to see a physician; was then told about Mr. C. T. Pearce, and I requested to see him; considered the case then one of *great danger*. The attendants said that his brother, Mr. C. T. Pearce, was in the profession, and would be there in the course of the evening, about half-past nine.—Cor. Did Mr. C. T. Pearce call to see you? Mr. H. Yes; *I left word that I wished to see him*.—Cor. After meeting and consulting, did he wish to take the case out of your hands? Mr. H. It was *so agreed between us*. He stated that he was a homœopathist, and that he should like that system adopted in

SECT. V. the case.—Cor. And in consequence of that remark, you gave the case over to him? Mr. H. I transmitted the case to him, and he then requested me to look in the next day as a friend, to see how matters were going on.—Cor. Did you do so? Mr. H. I did so, giving him to understand that I could not act in concurrence with him, being totally ignorant of that doctrine.

The coroner proceeds to inquire, as if the matter was not perfectly clear;

“Cor. Did Mr. Pearce take him out of your hands? Mr. H. No, no, sir.”

The importance of Mr. Harris being present is evidenced in the fact, that he testifies that the patient improved while under Mr. Pearce’s treatment.

“Cor. Was he relieved on the Monday when you called to see him? Mr. Harris. He was very much relieved.”

The importance of Mr. Harris’s presence becomes more and more apparent, since Mr. Harris testifies that

His private opinion was that he (the patient) died from the results of disease.

This was a home-thrust for a coroner who felt strongly on the case. Mr. Deputy-Coroner was not to be put off in such a manner. He had not studied law in vain. He meets Mr. Harris’s assertion by inquiring—

Cor. How can you form that opinion, that he certainly died from disease? In law, that opinion would go for nothing. You must be a most wonderful medical man to come to such a conclusion, when you did not see him for eight days.

If Mr. Harris was a wonderful medical man for presuming to have a private opinion on the death of a patient, Mr. Wakley was a far more wonderful coroner for making Mr. Harris a wonderful medical man on a ground which, as a coroner, he was bound to know did not exist. For this very judge had ascertained by his own question that Mr. Harris had seen deceased the day before he died.

“Cor. (to Mr. Harris). When did you see the deceased last? Mr. Harris. On the 17th (the day before the patient died) was called to see Mrs. Pearce, and saw him then.”

Not half an hour after this examination of Mr. Harris, the deputy-coroner, who had drawn out by his own examination the fact that Mr. Harris had seen the deceased the day before he died, calls him a wonderful medical man for giving an opinion

when he had not seen the patient for *eight* days. When to SECT. V. this is added that another witness, Eliza Higgins, testified that Mr. Harris saw the deceased three times after the Sunday, can Mr. Wakley's oblivion be explained otherwise than by the acknowledgment he made—

“I feel strongly on the case.”

And this conclusion is the more sustained, when it is remembered the great deference paid by the coroner to Mr. Davis, as long as he testified that he died from sheer exhaustion, from want of food; directly, however, Mr. Davis began to modify his opinion, the coroner then began to treat him as a barrister does when brow-beating a witness. (See page 290.)

ILLUSTRATION SECOND.

The state of mind expressed by Mr. Wakley, “I feel strongly on the case myself,” affords the explanation of many absurdities into which the coroner fell.

“Dr. Kelsall. Has had much experience in Asiatic cholera, and has formed the conclusion, that the very key-stone of safety to the patient is the abstaining from food from the moment he is attacked to the moment that he is convalescent.”

The coroner then asks the following stupid question :

“Suppose it lasts for twelve months then?”

How any man could commit himself by asking a question so egregiously absurd, is wonderful; but how a judge could ask such a question, is so extraordinary, that nothing but the feeling strongly on the case can explain the fact. Such a remark might pass for a joke, but jokes were not suited to the dignity of the judge in a court of justice, or of the court in which he was the judge.

ILLUSTRATION THIRD.

Another exhibition of the truth of the acknowledgement, “I feel strongly on the case myself,” is afforded in the mode of eliciting information from the witnesses.

Mr. Deputy-Coroner Wakley is, as has been already stated, a barrister of two years standing. He must, therefore, know that it is a rule laid down by the highest judicial authorities,

SECT. V. and practised by the best men at the bar, not to put questions so as to lead the witness; and, if some one should foolishly attempt to do this, the question is immediately opposed.

A few of Mr. Deputy-Coroner's questions may be selected:

Cor. Did he say by what or by whom he had been starved to death?

"By *what* or by *whom*," rather comprehensive.

Cor. Did he not make some remarks respecting the treatment he was receiving from his brother?

This question "did he not" has rather an inviting-answer attached to it, and it was addressed to the widow.

Cor. Did he ever say he was starved?

This was addressed to John Hasted.

Cor. Did you ever hear him say anything about being starved?

This was addressed to the mother-in-law.

Supposing, as Mr. Wakley's position as a barrister requires, that he should know the proper mode of questioning, this mode of questioning, taken with all the connecting circumstances, evidently was adopted with the view of damaging Mr. Pearce, and can be explained only on the supposition that Mr. Wakley felt, as he acknowledged, strongly on the case.

ILLUSTRATION FOURTH.

The coroner having so far the knowledge of law as to know that a dying testimony of a man has legal weight, and having learned from Eliza Higgins that the deceased complained of being starved the night before he died, the coroner immediately inquired,

Did he know he was dying? Wit. That I am not aware of.

Foiled here, the coroner asks,

Did you consider he was dying? Wit. I do not know.

Foiled still, the coroner asks,

Did you hear him say that he felt his end approaching? Wit. I did not.

ILLUSTRATION FIFTH.

The most extraordinary exemplification of the strong feeling on the case experienced by the coroner, is afforded by the following.

The coroner drew out of Mr. Davis, by a leading question, SECT. V. that the deceased had asserted that he was starved by the homœopathic system.

When Mr. Johnston said—

“He had with him two medical gentlemen, Drs. Epps and Kelsall; he wished to have their opinion brought before the jury; that is, their opinion of the case as treated by Mr. Pearce, in order that the jury may be convinced that the patient has been properly treated.”

The coroner replied—

“The question is rather as to the deceased’s dying in consequence of not having sufficient food; so that homœopathy has nothing to do with the present case; the system may be well and good enough: this is another thing: but the patient seemed to have died in consequence of want of food.”

Having thus made homœopathy to have a great deal to do with it, namely, having obtained the assertion that the dying man stated, that by the homœopathic system he was starved, the deputy-coroner, when the solicitor for Mr. Pearce wished to bring evidence in reference to that system, finds that “homœopathy has nothing to do with the present case.”

But still, though homœopathy has nothing to do with the present case, the deputy-coroner proceeds to unfold *his* homœopathy—

“I believe that the homœopathic principle is, that if the patient is purged, that you go on purging; if sick, you make him sicker.”

Having thus developed his homœopathy and in so developing exhibited his ignorance, (for gross indeed must be his ignorance to put forth as the reality the opposite to what is taught by homœopathy), and having by this judicial statement biassed the minds of the jury against homœopathy, the deputy-coroner in his summing up, drags in homœopathy, which he had previously stated, “had nothing to do with the present case:” remarking—

“The jury has to consider who it was withheld the food, at the same time it appears, that he has been treated homœopathically.”

So that after all it has to do. And Mr. Deputy Coroner proceeds to make it do most effectually:

“Now, this is a treatment looked upon by the profession as a species of humbug, or quackery.”

And then after adding that he did not think that Mr. Pearce

SECT. V. had exhibited great or gross neglect, he adds, "but the case has been treated homœopathically."

It is asked, without hesitation, is a man who sums up thus fit to sit on the judgment seat? A man, who declares that homœopathy has nothing to do with the case: who then gives an absurd and positively erroneous statement of what is homœopathy, and then designating it humbug, and then declares, though there was no gross neglect, "the case had been treated homœopathically."

ILLUSTRATION SIXTH.

How strongly Mr. Wakley felt on the case is evidenced, by the anxiety he expressed, when Mr. Davis wanted to modify his evidence, or rather the conclusion from his evidence.

"Mr Davis here wished to qualify the statement, 'That it was from want of food.' Of course it was coupled with the disease and debility, as well as the absence of food."

Coroner. Heard nothing of this on a former occasion. (Reads.) "The cause of death was exhaustion from the want of food."

Mr Davis. *And* the disease: of course the absence of food helped.

Coroner.—You must repeat your evidence again, sir.

Mr Davis said he found him labouring under *cholera together with want of food*.

Coroner. Will have a direct answer; did he die from disease or from want of food? Mr Davis. *Could not come to a certain conclusion*; the patient said he wanted food.

Coroner, (sharply). Did he die from exhaustion, Mr Davis? Mr Davis. I believe he did.

Coroner. Then, you mean to say, that the man died from exhaustion from disease, as well as from want of food? Mr Davis. Yes, sir.—

Coroner. Was the disease caused by want of food?—Mr Davis. That I cannot say.—Coroner. Would want of food produce congestion? Mr Davis. It would.—Coroner. You found congestion, Mr Davis? Mr Davis. I did.

Coroner. Mr Davis modifies his evidence now: he says the want of food would cause the congestion. Mr Davis (rather angrily) said, that *disease and hunger together*.—Coroner. Considers it amounts to the same thing.

What sapience! a man dying from disease and hunger is the same as dying from hunger alone. Unhappy Middlesex.

CHAPTER VII.—*What the Summing up of the Deputy-Coroner ought to have been.*

The summing up of the deputy-coroner has already been SECT. V. given, (p. 255). That it is characterized by the state of mind, “I feel strongly on the ease myself,” does not admit of doubt. To show how grievously that summing up was influenced by this state of mind, it is proposed to present a summing up in accordance with the evidence:—

Gentlemen of the Jury,

This inquest is held because Mr. Davis, who was the medical attendant that saw the deceased last, did not feel justified in signing a certificate as to the cause of death being cholera. Mr. Davis declared his opinion at first that he died from exhaustion from want of food; subsequently he modified that opinion, and stated that the deceased died from exhaustion from disease, as well as from want of food. In support of that opinion, the evidence of Mr. Davis has reference to three points; first, the *appearance* of the patient, “he looked exhausted;” second, the *statement of the patient*, the night before he died, “that he was starved by the homœopathic system;” and third, the “*post mortem appearances*.” Other evidence was brought to prove that the patient said he wanted food, and also that he demanded food, and that he was starved.

As this opinion, put forth by Mr. Davis, is attended with grave consequences to the brother of the deceased, who attended him previous to Mr. Davis, Mr. Davis no doubt carefully considered the matter before he gave the opinion which he has expressed, there being no point which requires greater caution in forming an opinion than upon medical treatment. It will be my duty to go over the evidence with precision.

And here, at the outset, let me remark, you must not imagine that because a sick man says he is this or that, that it is true. It is quite common for persons, while under the influence of disease, to say that they are eternally damned, that they are being murdered, and yet they are persons of the most exemplary Christian character and surrounded by the

SECT. V. kindest friends ; so the deceased, labouring under a peculiar fever, and being, as his wife deposed, in her opinion, “insane or light-headed,” might have expressed strongly his belief that he was starved ; but this testimony is not to be regarded as being a testimony to a fact, but as an evidence of the state of his mind while labouring under a disease. To this statement of his opinion I cannot recommend you to attach any weight ; and this I have the less hesitation in declaring, because till Wednesday, while he was most abstinent, he was improving, and after that period, when he became worse, he appears, by the evidence of the witnesses, to have had beef-tea, &c., *i. e.* to have been not so abstinent.

It is true that Mr. Davis, who, as stated, was the medical practitioner who saw the deceased last, testifies that the appearance of the patient and the post mortem appearances indicated that he had died from exhaustion from want of food. This is evidence highly important. Still it is my duty to add that Mr. Davis has modified his testimony to-day, in stating that he died from exhaustion from disease, as well as from want of food. In opposition to this view, Mr. Harris deposes that he believes the patient died from the effects of the disease, and as Mr. Harris saw the patient at the commencement, and therefore knew the severity of the first attack, and saw him also on the 17th, the day before he died, his opinion is of equal value as that of Mr. Davis, because Mr. Davis, having seen him only in the night before and on the day of his death, could not judge of the effects on the patient's constitution of all that he had gone through during the week preceeding his attendance.

I may further add, that it is well known that this disease, Asiatic cholera, which Mr. Harris testifies the patient had when he attended, so alters an individual, that a robust-looking man is changed in a few hours to the appearance of a man aged, and hence I think that the appearance of a patient when seen by Mr. Davis, (it having been proved, by witnesses, that the deceased had had an attack of cholera,) is not to be taken into consideration.

It is painful to me, however, to draw your attention to a great discrepency in Mr. Davis's statement as to the post

mortem appearances. He deposed, that "there was no evidence, from the post mortem examination, to prove that the man died from cholera;" he further stated, that "the appearances presented when a man dies of starvation are the same as existed in this case, no material difference;" but then, having deposed further, that there was congestion of internal organs, and being further asked, "Whether congestion of the internal organs is not an invariable sign after cholera?" he replies, "Most certainly." So that this witness declares that the patient has no signs of having died of cholera, and yet he has all the signs: so that, unless the signs of starvation are the same as those that are presented after death from cholera, (of which we have no evidence,) the testimony of Mr. Davis evidently establishes that the patient died from cholera.

As to the patient having been treated homœopathically, with that we have nothing to do. Every medical man is justified in using the means which he deems best suited for the cure of disease, and as Dr. Kelsall has testified that he has had great success in the treatment of this disease, he pursuing the homœopathic method, and he having adopted abstinence as a part of that treatment, all ground of charge against Mr. C. T. Pearce, on the score that he treated his brother homœopathically, is removed. In fact, as a lawyer, I have to inform you, that it is not one of the objects of the coroner's court to decide upon modes of practice, even though they be doubtful.

I feel bound to add, that success seems to have attended Mr. Pearce's efforts, and it was only, when, from an attack of Asiatic cholera, he was unable personally to attend his brother, that the progress seems not to have been so great; still he prescribed from a daily statement, and obtained the aid of Dr. M'Oubrey; and further, recommended the patient's friends to obtain further homœopathic advice: so that he seems to have exhibited neither gross neglect nor gross and unskilful treatment, the only grounds on which any charge against him would rest.

My opinion, therefore, is that Mr. C. T. Pearce did the best he could under the circumstances, and though I respect the conscientious scruples of a medical man preventing him from signing a certificate when he has some doubts, yet I cannot

SECT. V. help expressing my conviction, that it would have been far more in accordance with that honourable feeling which ought to exist between gentlemen of the same profession, if Mr. Davis had communicated to Mr. Pearce his difficulties, and then, if not resolvable after consultation with Mr. Pearce and Mr. Harris, to have called an inquest.

My conclusion, therefore, is that the patient died from cholera, a disease, a feature of which, as most know, is its dreadful fatality.

CHAPTER VIII.—*Remarks of the Press.*

The following remarks upon the trial itself show what the *gentlemen* of the profession, though not believing in homœopathy, think of the vulgarized judicial and journalist opponents of this mode of medical treatment.

The matter quoted is from the *Medical Gazette*, p. 761, vol. XLIV., New Series.

“ We elsewhere insert the report of a recent trial at the Central Criminal Court, in which a medical student was charged with having caused the death of his brother by *homœopathic* practice. Neither the indictment nor the evidence sustained the charge. The former alleged that death had been caused by reason of the accused not having allowed the deceased *sufficient food and nourishment* ; but the medical evidence clearly established that the deceased was suffering from malignant cholera, and that he was in a very critical state before he was seen by the defendant : in fact, the medical witness for the prosecution admitted that when he first saw the deceased the disease was of itself sufficiently urgent to have caused death. It is not surprising, from this evidence, that the Grand Jury should have thrown out the bill, and that the jury at the trial, without calling for a defence, should have returned a verdict of *Not Guilty*. *There are hundreds of medical practitioners who might with equal reason have been put upon their trial for the results of their cholera practice.* Those who have resorted to the free employment of iced drinks and cold water, and who had not at the same time provided food and nourishment for their patients, under the

idea that the viscera were incapable of assimilating it, *have* SECT. V. *had a very narrow escape*. We could name half a dozen practitioners, who, upon this peculiar view of the crime of manslaughter, *ought to have been placed in the dock at the Old Bailey*, to answer for the unfortunate results of their practice. The case might well call forth the indignant remonstrance of the judge, Mr. Justice Maule, who, after all the evidence for the prosecution had been given, said, ‘How any man could be found to say that the defendant was guilty of manslaughter I cannot conceive.’

“We are no defenders of homœopathy or homœopathic practice, as our columns have at various times sufficiently proved; but we regard anything like persecution, whether directed against medical student or practitioner, with aversion. It damages the character of the profession, and weakens the power of its members to benefit the public, by the prosecution of unlicensed practitioners.

“We cannot conclude these remarks without directing attention to the very unpleasant position in which the medical witness placed himself by not giving a plain answer to a plain question.

“ ‘Mr. Justice Maule.—Would it be a proper course in the case of a cholera patient who was in a state of collapse to give solid food, or would the bowels be in a condition to receive it?

“ ‘Witness.—*He could have had liquid food*.

“ ‘Mr. Justice Maule.—Why do you not answer the question? Would it be proper to give solid food?

“ ‘Witness.—No.’

“Whatever a witness may think of the relevancy or irrelevancy of a question put to him by a judge, barrister, or coroner, he should always give a plain straightforward answer. If a lawyer does not obtain a plain answer at once, he will be sure to extract it, to the discomfiture of the witness, in a circumlocutory way. The judge said nothing about *liquid food*; and if, after having replied to the question as the witness was subsequently compelled to reply, in the negative, he had qualified his answer by stating that the stomach in this case might have received and retained *liquid food*, he would have equally attained his object, and have avoided exciting the dis-

SECT. V. pleasure of the court. We must admit, however, that by the verdict of the coroner's jury the medical witness in this case was placed in a most unfortunate position. He was expected to prove that a man labouring under an attack of malignant cholera had died, not from the disease, although this was admitted to have been urgent enough to have caused death, but from the want of sufficient food and nourishment withheld from him by the accused, when, as the witness admitted, in answer to a question from the learned judge, he saw nothing which induced him to believe that the defendant had acted improperly in the case!"

The next quotation is from the *Spectator*, a journal that did good suit and service against Mr. Wakley; a service which, under the title of "Bloomsbury College," Mr. Wakley will remember.

AN ENGLISH INQUISITION AGAINST MEDICAL HERESY.

TO THE EDITOR OF THE SPECTATOR.

St. John's Wood, Nov. 1, 1849.

SIR,—Unhappy Middlesex has for Deputy Coroner Mr. Henry M. Wakley; whose chief qualification for the office appears to be that he is the son of his father. Doubtless, as the law now stands, that is technically a sufficient qualification, when backed by that father's warrant; but there was once a Thomas Wakley whose deep-mouthed patriotism would fain have made the very stones of Finsbury to rise and mutiny against such an abuse of patronage. No more of that, however: men are but men; and if the most popular of coroners will put his own son into a snug berth that should be filled by a better man, the fault is not so much in the individual as in human nature, and in the laws which sanction the custom of converting offices of public trust into family chattels and hereditaments.

Mr. Wakley, junior, has lately signalized himself by a display of amazing—stupidity let us mildly call it, in his judicial capacity, to the cruel injury of an unoffending man. On Saturday last, Mr. Charles Thomas Pearce, a medical student, was tried at the Old Bailey, on the coroner's inquisition, for manslaughter alleged to have been committed on his own

brother. The following were the main facts brought out in SECT. V. evidence.

The deceased was attacked with cholera on the 8th of September last. On the 9th, he was visited and prescribed for by Mr. Harris, a surgeon; who of his own accord resigned the case to Mr. Charles Pearce; and the latter had charge of it from Monday, September 10th, to the Wednesday night following. On the 13th, he was himself seized with cholera; and his brother was transferred to the care of another surgeon, who continued to prescribe for him until the 18th, when he died. Thus, it appears, that the fatal illness extended over a period of eleven days; during the first two and last six of which the defendant took no part in its management. He was charged, nevertheless, with having “feloniously killed and slain” his brother, by preventing him (for three days!) “from having sufficient food and victuals for the nourishment of his body.” What! said Mr. Justice Maule, when the evidence on this point was given, “is it meant to be contended that a sick man cannot survive three days’ abstinence from food? If that were true, I should not now be sitting here.” Yet was it on something surpassing even that absurd assumption in its wild defiance of common sense and common experience, that the whole case for the prosecution was founded. Mr. Charles Pearce withheld *solid* food from his patient for three days—not *all* food; for, said his brother’s widow in her cross-examination, the defendant “ordered gruel for the deceased on Tuesday, and told me to give it him, two teaspoonsful at a time.” And these were the facts which a jury, presided over by Mr. Deputy-Coroner Wakley, considered sufficient to warrant a charge of manslaughter! The jury in the higher court did not even require any defence before they acquitted the accused; and Mr. Justice Maule, who tried the case, received their verdict with this emphatic declaration: “How any man could be found to say that this defendant was guilty of manslaughter, I cannot conceive: it appears that he was called in in a desperate case, and that he did everything it was possible to do under the circumstances.”

No unprejudiced person will dispute the fitness of Mr. Justice

SECT. V. Maule's concluding observations, or fail to see that they amount to a most severe censure on the proceedings. Has Mr. Wakley, junior, no discreet friend to point out to him the propriety of confining himself to the question before him: the deputy-coroner rushed into a disquisition on homœopathy, which he assured the jury was a system of "humbug and quackery." His rigmarole on this totally irrelevant topic had its effect in the return of the foolish verdict so pointedly condemned by the judge of assize. The fact is, Mr. H. M. Wakley mistakes altogether the nature, objects, and uses of the office of coroner. The business of a coroner is, to enquire into facts and calmly weigh and state the evidence to the jury, and not to compel men to discuss medical theories upon oath, or to set up his own theories as a medical man. We think it was a great error on the part of the freeholders to elect a medical man to the office.

This case, Mr. Editor, affords another proof of what you lately urged—namely, that the interest of the public demand the creation of means for openly, fully, and impartially testing novel facts and doctrines in medicine, so that those who are desirous of truth, and of truth only, should no longer be misled by blundering or deceitful guides, or distracted by the clamour of contending sects. It is desirable that the world should at last be enabled to come to some settled conclusion respecting homœopathy, if it were only for the sake of public decency. Let it have a fair field, and stand or fall by its own merits. If the system is true, the sooner its truth is universally recognized the better; if false, surely more effectual means may be found for making its falsehood apparent.

I am, Sir, &c.,

W. K. K.

The foregoing letter was copied into the *Examiner*, which expressed its entire concurrence in the observations contained in it.

From the Journal of Health and Disease and Monthly Journal of Homœopathy.

The subjoined is selected from the numerous expressions of indignation the conduct of Mr. M. Wakley has called forth.

Comment on the Trial of CHARLES THOMAS PEARCE.

SECT. V.

“ This man seems to have been doctored as well as he could : how any man can be found to say this defendant is guilty of manslaughter, I cannot possibly imagine : it appears he was called in in a desperate case, and did every thing it was possible to do under the circumstances.”—*Justice Maule.*

Well might Judge Maule express his surprise that any jury could have returned a verdict of manslaughter in the case of C. T. Pearee : the reason why they did return such a verdict is however simple enough, when it is plainly stated : and as it involves a principle of great public interest, whether any Englishman ought to be imprisoned in Newgate at the caprice of one individual, and after a sojourn of seven days in a felon's cell, be called before a judge to plead, it is requisite that the cause of this extraordinary verdict should be explained. The history of the verdict which excited the surprise of the judge, is just this—

Mr. Deputy Coroner Wakley, “ feels strongly on the subject of homœopathy ;” in his wisdom he deems it “ humbug and quackery :” ergo, he thinks all such humbugs and quacks fit objects for his practical jokery, and determines to make them also feel strongly that he disapproves of homœopathy : a seemingly fitting opportunity presents itself for the expression of his disapprobation, and in his eagerness to crush a mode of therapeutics, he hates without comprehending, he commits an act which has as much the appearance of illegality as of prejudice.

It is to be hoped that Mr. Wakley will learn, from the general expression of indignation at the verdict against Mr. Pearee, that it will not do in these days to allow the opinions of the proprietor of a medical periodical to be operative in the mind of a judge. If Mr. Wakley is to hold the dignified position of a judge, he must seek to obtain the mental condition necessary to a judge, which is perfect impartiality. No character is higher than the judicial ; and he who, in any respect, does anything to degrade it in public estimation, is the worst enemy to the liberties of his country, however loudly he may talk about freedom.

SECT. V. *Extract from "The Morning Post" Newspaper, (leading article,) of Saturday, October 13, 1849.*

The report of an inquest which has been twice adjourned, and only on the occasion of the jury assembling for the third time could be decided, appeared in our paper of Wednesday last.

The account we published was headed, "*Manslaughter against a homœopathic doctor;*" but as, on reflection, we deem it possible that the title which introduced the report may, by seeming to confirm a prejudice which really has nothing to do with the case, be the means of injury to the accused, we unhesitatingly retract the expression we have used.

Mr. Richard D. Pearce, (ought to be Charles T. Pearce) against whom a verdict of manslaughter has been returned is, it appears, upon conviction a supporter of the homœopathic doctrine; but though he acted as secretary to a dispensary established to carry out such principles, he was not shown to have engaged in practice, and therefore we were in error when we gave him the title of practitioner. He is a student at the London University, where he has attended four years, being on the eve of appearing before the examiners who grant medical diplomas. His position is one of peculiar distress, and we cannot do otherwise than sympathize with a gentleman who, while free from the most distant suspicion of moral culpability, will be obliged in a court of justice to refute a most serious charge.

Mr. Pearce's professional prospects cannot be advantaged by the delay to which the verdict of the coroner's jury will subject him; but we confidently trust that no circumstance will be allowed, after the trial has decided the question of his innocence, to aggravate the disappointment he must necessarily endure. He stands in a situation of almost tragic interest, and commiseration is excited as we view the conditions by which he is surrounded. The deceased was the brother of the accused, and being attacked with a dangerous diarrhœa a regular practitioner, in the first instance, was called in to treat the disorder. There are some counter statements concerning the view taken of the case by the original attendant, but in

whatever light it was regarded, there is no doubt that Mr. Pearce ultimately undertook to minister to his brother's complaint. He does not appear to have interposed with rudeness, or to have used any right that relationship can bestow with an undue show of authority, since the gentleman he superseded did not see proper to entirely discontinue his visits. From motives of affection, and a conscientious belief that certain measures known to himself would preserve his brother's life, Mr. Pearce upon the evidence seems to have interposed. His intentions were pure, and the convictions which emboldened him are shared by a great number of educated persons, while the duties of his secretaryship had, we may suppose, given him opportunities of practical observation. He was, moreover, no youth likely to rashly hazard an experiment, but when passed thirty-four years of age, he had for a considerable period applied himself seriously to the study of medicine.

The patient however died, and a coroner's inquest was summoned to ascertain the cause of death. We lament that throughout the investigation a great deal of professional feeling appears to have been displayed, but in the summing-up of the coroner every semblance of decency seems, in the heat of partisanship, to have been discarded. Mr. H. M. Wakley "told the jury that the homœopathic treatment was looked upon by the medical profession as a species of quackery and humbug." Language so strongly flavoured with abuse certainly sounds oddly when associated with the character of the judge. The coarseness and vulgarity of the expressions are, however, secondary to the absence of strict agreement with truth which the words discover, and their total want of applicability to the matter which the jury had to decide upon.

That a majority, and a very large majority, of the gentlemen who follow the medical profession entertain sentiments of profound contempt for the homœopathic doctrine, we do not deny; but a majority does not constitute the whole, and it is a fact that those who practice homœopathy are recognized members of the different colleges by which medicine is represented. If therefore some ridicule, others believe; and the statement when fairly made warrants no absolute conclusion either favourable or adverse to the principles in question.

SECT. V. The tendency of the evidence, however, if it could establish anything, went to prove that the deceased perished from starvation. Mr. Davis, who examined the body after death, declared that he found the viscera healthy; and if we grant such to have been the case, then also must we admit that the remedial measures that had been adopted were judicious and effective. The signs by means of which a disease is characterized had been during life removed, and the medical treatment, consequently, had left nothing for the jury to consider. That matter had been settled and thoroughly disposed of, therefore when Mr. H. M. Wakley took advantage of the official position to promulgate the opinions or prejudices of his party, he was guilty of an offence which is aggravated by the vulgar aerimony of its expression.

Dietetics and therapeutics are no less distinct from one another than are food and physic, when we view the subject strictly, neither the magnitude of the dose nor the nature of the nourishment administered can be confounded with the maxim in which the peculiarity of Hahnemann's opinions is expressed. The support allowed may have been insufficient—it certainly seems to have been very limited, and such severity of regimen appears to us to be most injudicious; nevertheless, there was no evidence to demonstrate that it had in this case, so successfully treated in other respects, been the cause of death. When Mr. Davis examined the body, he found the stomach empty; but as the deceased had, during the last twenty-four hours of life, been under that gentleman's care, and as, when he first saw the patient, he states that there was a craving for food, the condition of the stomach after death with respect to its contents, if of any importance to the verdict, rather tells against the measures adopted by his successor than against those employed by the accused. Cold water and thin gruel were by Mr. Pearce administered, and though such spare diet is less than we think life demands during the existence of an exhausting disease, nevertheless a witness was found in Dr. Kelsall to openly attest the practical results obtained by such enforced abstinence; and assuredly the *post mortem* went far to confirm the boldness of the doctor's assertions.

That the verdict of the coroner's jury will ever be confirmed SECT. V.
 is not to be supposed. There is no case to submit to a jury, and had the matter been in the slightest degree dubious, we should not have made it the subject of remark. On principle we are opposed to any interference of the press which possibly might influence the court of justice. We are often silent upon topics on which our contemporaries hesitate not to comment; but when we see a form of law perverted, and facts distorted to gratify party animosity, we recognize a duty far stronger than the observance of any outward propriety. We have therefore on this occasion, violated a rule of conduct which we generally respect; for, though the homœopathic doctrine may be untenable, and the measures adopted by Mr. Pearce may have been improper, yet, as the facts were not proved, we cannot forbear from expressing sympathy for the gentleman who, in consequence of motives honourable to human nature, has been dragged from the privacy of domestic sorrow to answer a charge that appears to have no foundation.

The subjoined is another testimony from the *Morning Post*, Dec. 14, 1849, to the conduct exhibited towards Mr. Pearce.

“ *The Journal of Health and Disease, and Monthly Journal of Homœopathy.* Nos. 5 and 6.—Sherwood and Co., 23, Paternoster-row.

The major portion of both these numbers is devoted to the report of, and remarks upon the trial of Mr. Charles Thomas Pearce, who was some short time since, in consequence of the verdict returned by a coroner's jury, committed to prison on the charge of manslaughter. Our readers will remember that we, in a leading article, noticed the injustice of the case, and commented upon the cruelty of the decision. Against the accused we saw no distant prospect of substantiating the charge, and therefore we declared that there was no case to submit to a jury. The result justified our conclusion; for, after only two of the witnesses for the prosecution had been examined, Mr. Justice Maule interfered, and Mr. Pearce was discharged. The editor, with great good sense, makes

SECT. V. no remark upon these extraordinary circumstances, but he gives full reports of the trial and inquest, leaving these to do their work, which they certainly perform most effectually. We trust it will be some time before we again behold a judicial station converted into a medium for giving publicity to professional spite or personal prejudice. Nothing tends more to lower the medical character than those outbursts of vulgar intemperance which certain of our coroners are too apt to indulge in. A profession suffers in general estimation when the persons who are supposed to have been chosen from its ranks on the ground of their superior merit display an incapacity to observe the customary decencies of behaviour.

Mr. Pearce has been subjected to considerable hardship. A case of so much cruelty ought not to be allowed to remain where it now stands, and we hope to see it hereafter taken up in a proper spirit. Homœopathists are not to be persecuted for their opinions. They may be wrong in much of their doctrine; but, if they are, there exist a very large number who, for such a reason, should rather look on them with sympathy than with indignation. Homœopathy, however, is not all wrong; for it has, on a few points at all events, taught those who presume to judge it. We are indebted to it for the introduction of Arnica and Aconite into general practice; and the profession which has been instructed by its teaching ought not to be so very severe in condemnation of its practice. Willingly would we see the feuds which now distract medicine and retard its operative utility merged in one common effort to ascertain the truth. Exposure such as results from the trial of Mr. Pearce injures the respectability of the whole body of practitioners, and the moral lesson which the incidents convey should not be overlooked."

Medical Science and Coroners' Law.—From the
"Economist," Dec. 15, 1849.

The case of Mr. C. T. Pearce, committed in October last, by the warrant of the Coroner for Middlesex, to Newgate, on a charge of manslaughter, because his brother died from cholera after he had been a few days under Mr. C. T. Pearce's

care, and afterwards tried and acquitted without entering SECT. V. into his defence, is likely, according to a statement in the *Journal of Health and Disease*, to be made the subject of parliamentary investigation. We abridge, therefore, from that journal an outline of the case as deserving, both for the interests of science and of law, the attention of the public.

Mr. C. T. Pearce is the Honorary Secretary of the English Homœopathic Association, and the coroner who committed him is the son of Mr. Wakley. The latter is a barrister, and yet a very young man ; but he is closely connected, by feeling and interest, with allopathic practitioners. In summing up, he said that homœopathy was looked upon by all the professional and intellectual men of this country as quackery. The principal testimony, or rather declaration against Mr. C. T. Pearce was that of Mr. Davis, belonging to the allopathic school, with which the homœopathists wage an intense war. Mr. C. T. Pearce seems so have been a strong partisan of the homœopathists, for he declared that he would not “subject a dog” to the treatment of the allopathic practitioners. The dispute was really between the believers in two different theories of medicine ; and the coroner, being biassed apparently in favour of one, committed the homœopathist to Newgate for manslaughter. The grand jury ignored the bill. Mr. Justice Maule, before whom the case was tried, pronounced a very strong opinion on the coroner’s verdict, when he said, after hearing all the evidence for the prosecution, “How any person can say the man is guilty of manslaughter I cannot imagine.” Mr. Membury Wakley took on himself the task for which Pope could find no fit person, of deciding “when doctors disagree ;” but a higher authority than the youthful coroner reversed his decision, and indirectly passed a severe censure on his presumption.

We might be disposed, as the young coroner was, and as some others were, to joke about the matter, but we cannot forget the consequence of partisanship, hasty decision, and bad law. A gentleman, perfectly innocent in intention, scrupulously careful in his professional practice—even if erroneous—who had to mourn the loss of his brother, and was himself laid up with cholera, that gentleman was, in the

SECT. V. name and by the instrumentality of the law, which is made and obeyed only for the common benefit, wrongfully dragged off to gaol, kept there for several days, and put to great expense and inconvenience before he could obtain a judge's order to be liberated on bail. He had then to stand in the dock as a criminal—for, being committed on the coroner's warrant, the judge was bound to deliver him—had to go through the ignominy and odium of a public trial, all because the young coroner had a bias towards a particular theory of medicine, and was not a very sound and dispassionate lawyer. A similar infliction may fall on any man from such a mode of administering the law; and if we wish to guard ourselves against injustice, and retain for the law the respect and honour it deserves, we must insist on Mr. Membury Wakley, or whoever may be coroner, being more careful in his proceedings. As Mr. C. T. Pearce has no remedy at law against the coroner, and as the parliament is never better employed than when it is inquiring into and redressing, as far as it can, the wrongs done by persons in authority, the case seems a proper one to be brought under the notice of the House of Commons.

The question of science involved concerns our health as that of law concerns our liberties. Of the causes of such diseases as cholera, medical men are as ignorant nearly as the rest of the world; of the means of cure, and of the operation of remedies, generally, on the human body, their knowledge is little better than conjectural; and whether they be homœopaths or allopaths, it is unbecoming to be dogmatic and positive in their assertions. The best medical man we are acquainted with—one of the most distinguished and accomplished surgeons of the day—is at the same time the most cautious in prescribing and the least positive in his anticipations. An ordinary apothecary is ready for every emergency, and prescribes for every case that he is summoned to off hand, as if he were Esculapius himself, knew at a glance the whole history and nature of the disease, and was as certain of the operation of his drugs as a smith is of the effect of his forge-fire on a piece of iron. Amongst such men, looking out for practice as a means of living, we meet with truculent dis-

putants about the merits of their own and the quackery of others' theories of physic. Less ready to inquire and observe than to gather pelf, they hunt after fees and neglect knowledge. They see no other way to reach eminence and wealth than to press down a rival. Science gets crushed or distorted between their personal quarrels, and the healing art, founded on ill-understood principles, divested of truth and beauty, neither deserves nor commands the confidence of mankind.

Considering the complex nature of the animal functions, the merely empirical and conjectural knowledge which the most enlightened physicians have of the expected operations of medicines on any given patient, and considering the importance to all of the preservation of life and health, there is no science which ought to be prosecuted with more care than therapeutics. It is, therefore, offensive to the public, and disgraceful to medical men, to impede investigation by hard names, and rabidly attack individuals instead of coolly examining the discoveries they allege they have made. We are no advocates of homœopathy; but we can safely say, that allopathy has been in many cases so little successful, that it ought to welcome instruction and assistance, from whatever quarter it may come.

CHAPTER IX.—*Evidences that would have been brought at the Trial.*

The English Homœopathic Association did its duty by its member, Mr. C. T. Pearce. A defence was prepared which would have placed his medical conduct, in the treatment of his brother, on the highest basis, namely, the scientific. The subjoined gives a brief *résumé* of the witnesses who would have been examined, and of the points which would have been established.

Mr. Simmons is a member of the Royal College of Surgeons, resides at 156, Tooley-street, will state that he is not a homœopathic practitioner: That he has known Dr. Kelsall (who is a homœopathic practitioner) about two months: that their acquaintanee commenced when witness was unwell himself, and hearing of the Dr.'s successful treatment of cholera,

SECT. V. witness sent to request he would prescribe for him. Witness had dysentery: that he did not then know that Dr. Kelsall was a homœopathist: that when witness was convalescing, Dr. Kelsall accidentally called, and just before he arrived, witness's wife had been attacked with unequivocal symptoms of cholera, i. e. collapse: that Dr. Kelsall took charge of witness's wife's case, gave her only homœopathic medicines: that she was dangerously ill, and Dr. Kelsall allowed her to take no aliment whatever during seven days, except plain water, a teaspoonful at a time: that it is witness's firm conviction that his wife would have died, had she taken any food during the time it was forbidden; and, although she frequently desired food, and said she should be starved, it was not granted: that witness's wife's health has been exceedingly delicate for at least fifteen years, and that she is not a likely subject to bear starvation; but, that she certainly benefited by seven days total abstinence from food.

William Alexander Hills, No. 10, Grove-road, Palmer's village, Westminster, will prove: That he was taken ill with cholera, on Wednesday, 5th Sept. 1849: that he was attended by Dr. Curie from that day: that from that day until Sunday, the 30th Sept. 1849, (twenty-five days), witness took no food: that the only thing which witness did take during that time was iced-water, and water in which toast had been immersed, and the medicines prescribed by Dr. Curie: that he so abstained from food by the advice of Dr. Curie: that on Sunday, the 30th Sept. 1849, he took only some beef-tea, and that he took it at first only in small quantities, one spoonful of beef-tea to two of water, and even that was oppressive to him.

E. H. Gould, 70, Lombard-street, will state: That the prisoner (C. T. Pearee), attended witness's wife while labouring under an attack of Asiatic cholera: that when the prisoner was called in she was considered in great danger, she had violent cramps and vomitings: that the prisoner kept her without food for four days: that after that, he only allowed her to take very small quantities at first, only a teaspoonful of water twice or thrice in an hour: that the collapse state of cholera was followed by fever and wandering of mind: that witness with the consent of the prisoner called in Dr. Epps, who approved of the prisoner's treatment: that neither witness nor his wife had previously any faith in homœopathy: that so rapid was witness's wife's improvement under the prisoner's treatment, that although not expected to survive many hours on the 27th Sept., she on the 4th of October, paid a visit to a relative, three miles distant from her home.

Jenny S., governess in the family of the Earl of Wilton, Heaton-park, Manchester, will state: That she is a native of Switzerland, and that she left that country about seven years, to accompany the family of the Chevalier Bunsen, to England: that shortly after her arrival in England she

had a violent attack of illness, and was placed under Dr. Curie's care : that SECT. V
witness was kept thirty days without any food except as after mentioned : that during the first fourteen days witness took nothing but sugared-water, that for the next fourteen days she took nothing but plain water, that at the end of the twenty-eight days as witness appeared somewhat better, Dr. Curie gave her three small spoonsfulls of *Gelée de Viande*, which occasioned a relapse, and she was again for ten days in indescribable agony : that witness was in so weak a state when first placed under Dr. Curie's care, that he gave her food and persisted in doing so until witness became much worse, and she then began to abstain from food and continued to do so, as before stated : that witness ultimately recovered under Dr. Curie's treatment, and has since enjoyed good health, while before she had been for several years on a bed of sickness, excepting only short periods of convalescence, during one of which she came to England, as before stated.

Samuel Bec, 11, Kent-place, Old Kent-road, shoemaker, will state : That witness had an attack of Asiatic cholera on the 19th August, 1849, and was attended by Dr. Kelsall : that witness was by the Dr.'s directions kept without food for thirteen days, viz., from the 19th to the 31st August, except as after stated : that during the whole time witness craved incessantly for food and said he was being starved, but for the last three days, as witness began to get better, the craving diminished : that when witness was craving for food his wife gave him (but against the Dr.'s directions) about a wine-glass of weak milk and water, and on another occasion the doctor yielded to the urgent entreaty of witness's brother, to allow him to take two teaspoonsfull of weak brandy and water, but he forewarned witness of the effects which would follow the taking of it : that on both occasions after taking the milk and water and the brandy and water witness felt much worse, all the symptoms were aggravated, and after taking the brandy and water witness thought he should have died : that the cholera was worse in the neighbourhood of witness's residence than any other part of London, and many of witness's neighbours, who were treated by the ordinary doctors, died, and witness believed that he also should have died if he had been treated by them.

Mrs. Matilda Shaw, 3, Wellington-place, Kent-road, will state : That witness had an attack of Asiatic cholera in August, 1849, and was attended by Dr. Kelsall : that witness by the doctor's advice abstained from food for ten days, and during that time took nothing but water, except the medicines prescribed by Dr. Kelsall, until the tenth day, when witness was allowed to take two teaspoonsfull of beef-tea : that witness's husband had also an attack of cholera and was kept by Dr. Kelsall without food for five days : that both witness and her husband had at first a desire for food, but Dr. Kelsall would not allow any to be given, and the desire afterwards

SECT. V. abated : that witness, her husband, and another person, (Mrs. Watkins), who was attacked with cholera in witness's room, while on a visit to her, all recovered under Dr. Kelsall's treatment : that when witness was first attacked she sent for Mr. Blomfield the parish surgeon, but he did not come for five hours afterwards, and that in the meantime Dr. Kelsall had been called in : that when Mr. Blomfield called, witness and her husband were in the same bed in a state of collapse, Mr. Blomfield acted very impertinently, told witness and her husband that if they committed themselves to Dr. Kelsall's treatment it would kill them ; he also urged witness and her husband to place themselves under his care, but they both preferred remaining under Dr. Kelsall : that neither witness or her husband knew anything of homœopathy before, but were recommended to consult Dr. Kelsall, by witness's master, Mr. Mills, a brewer.

William Warre Simpson, 65, Old Broad-street, shipbroker, will state : That he was attended by Dr. Curie for an attack of pneumonia in July, 1849 : that he was ten days kept without food by Dr. Curie's direction, and during that time only had water in which toast had been sopped and gum water : that witness first had food but was much the worse for it, and that he afterwards had a craving for food but the doctor prohibited him from taking any, and he ultimately recovered.

The Earl of Wilton will state : That his eldest daughter, during an attack of pneumonia, was kept without food for above a fortnight, and during that time took nothing but toast water : that his eldest son, during an inflammation of the stomach and intestines, abstained from all food, except toast water, for nine days : that they were both treated homœopathically, and so abstained from food by the doctor's directions : that they both recovered.

Octavius William Mayman, 24, Munster-square, Regent's-park, will state : That witness was treated by the prisoner, C. T. Pearce, during a recent attack of Asiatic cholera : that for three days witness took nothing but water in teaspoonsfull, excepting the medicines : that for the next two days he took a little cocoa, also in teaspoonsfull : that on the 7th day witness was sufficiently well to be able to go out for a walk : that Mr Pearce was not called in until witness's life was despaired of ; he had previously for two days been treated by an allopathic practitioner : that witness had never tried homœopathy before, and had no faith in it when it was proposed to him.

William Warne, 9, Gresham-street west, will state : That about four years since his wife had an attack of confluent small pox in its most virulent form, and was attended by Dr. Curie : that, by the doctor's directions, she took nothing for fourteen days, except plain water and toast water and the medicines : that for ten days the patient was totally blind, and for six

days delirious, but that when the malignity of the disease had abated, she rapidly recovered, and soon attained her usual strength. SECT. V.

Rev. I. Wise is a Baptist minister, residing at 34, St. John's-wood-terrace, will state: That his wife was attended by the prisoner, (Mr. C. T. Pearce,) for an attack of Asiatic cholera: That the patient was violently attacked with diarrhœa on 11th Sept. 1849; the prisoner attended her, and prohibited her from taking food, and the vomitings, which had been very violent, ceased for the whole of that day; but upon afterwards taking food, it increased, and continued to increase until the 20th September, when cramps and other aggravated symptoms set in: that witness immediately sought the prisoner, who had himself been suffering under an attack of cholera, from which he had not recovered; but at witness's urgent entreaty, the prisoner came to visit his wife, and immediately forbid all food, except water in teaspoonsfull: that the patient recovered under the prisoner's treatment: that witness had been previously much opposed to homœopathy: that witness's wife's case was the more dangerous, as she has been a great sufferer, from an internal disease, for sixteen or seventeen years.

Henry Legrand, 2, Bridge-place, Southwark-bridge-road, agent, will state: That he was taken ill a few days before Michaelmas-day, 1849, with typhus fever and diarrhœa: that he was attended by Dr. Curie, and by his direction was kept ten days without food except gum and toast water: that, after the ten days, when very light food was given to witness, it made him ill again.

Emma Munden: That witness was attended by the prisoner for an attack of Asiatic cholera: that by the prisoner's directions, witness was kept without food entirely for four days, and that for four days more she scarcely took anything: that witness recovered from the attack, which was a very violent one; witness's husband had previously recovered from an attack of cholera under the prisoner's treatment; while her sister, who had been treated according to the old system, died from cholera.

Ann Hoy, 16, Boston-place, Dorset-square, will state: That she was attended by the prisoner for an attack of Asiatic cholera, and, by his directions, was kept without food for several days, although witness had a great craving for food: that witness recovered from the attack under the prisoner's care: that witness was at first treated by the old system, but finding herself getting much worse, her friends became alarmed, and then called in Mr. Pearce.

Mrs. Hookway, 5, Regent-street, Dovor-road, will state: The patient was attended by Dr. Kelsall: that her son, aged twelve years, was attacked with Asiatic cholera on the 13th Sept. 1849, and that from that day to the 23rd Sept. 1849, (eleven days,) he took no food whatever, except on one occasion: that that occasion was on the 18th Sept., when a teaspoonful of

SECT. V. arrowroot made with milk was given to the patient, which occasioned alarming symptoms and aggravation of disease: that sometimes the patient said he was hungry, but could not eat: that it is witness's firm opinion, that if the patient had taken food during the attack, he would have died.

Lord Robert Grosvenor will state: That witness has known several instances where patients, suffering from Asiatic cholera, have been kept without any other food than the nourishment derivable from toast water, gum water, or thin barley water, for upwards of a week, and recovering well afterwards: that such patients were treated homœopathically, and the abstinence from food, in witness's opinion, tended most materially to hasten their convalescence.

John Epps, M.D., is a physician of the University of Edinburgh, and was for several years a lecturer on *Materia Medica*, being one of the lecturers recognized by the Royal College of Surgeons, the Apothecaries' Company, and the Army and Navy Boards; will state: That for the eleven years last past he has practised exclusively on the homœopathic system: that he has had considerable experience in cholera: that in that disease, in its most fully developed form, total abstinence is essential to the recovery of the patient: that abstinence must be carried on, not only during the stage in which the vomiting and the purging of rice water evacuations prevail, and the stage of collapse, but also in the stage which succeeds, as long as cerebral symptoms manifest themselves: that the fever which follows the stage of collapse is one peculiar in its nature; that it is even more dangerous than is the actual attack of cholera, and that the taking of food in this stage is often attended with fatal results: that in this typhoid-like fever, a craving for food is, in many cases, a marked symptom of the diseased state; the patient indeed demands food, says he is starved, and this demand for food is present even when the tongue is coated with a brown fur: that if the statements of Mr. Davis, as to the post mortem appearances, be correct, the deceased's life would, in the witness's opinion, have been saved, if the abstinence enforced by Mr. Pearce had been followed out, and homœopathic treatment pursued; and witness further believes, supposing the statement of Mr. Davis to be correct as to the post mortem appearances, that the giving food by the widow and the ordering brandy and beef-tea by Mr. Davis caused the fatal result: that in reference to want of power of digestion in fever, witness will state that food does not digest in fever: that it is a fact proved by the observations of Dr. Beaumont, that while in the healthy state gastric juice is always poured into the stomach when any substance is introduced into that organ, in the febrile condition, gastric juice is not poured out when food is introduced into the stomach, and the gastric juice not being poured out the food taken remains in the stomach undigested, even for forty-eight hours, producing

and keeping up by its presence a great amount of irritation.—P. 98, 99, of SECT. V. a work entitled, “Experiments and Observations on the Gastric Juice and the Physiology of Digestion,” by Dr. Beaumont, republished by Dr. Andrew Combe.

P. F. Curie, M.D.; this witness is a homœopathic practitioner, will prove: That he has examined with great attention the case of Mr. Pearce, and thinks it may be stated according to the symptoms that the patient died of cholera at the typhoid stage. The post-mortem examination does not disprove this opinion, since the most important organs, the most acted upon in this disease have not been investigated, the intestines and the brain. Witness writes, “I will not dilate upon the verdict given by the jury, it is impossible to understand it, as it is in direct opposition to the testimony of the witnesses, who all agreed that the patient had taken nourishment during the period of his illness, it is, therefore, quite evident he did not die from starvation: hence the verdict of manslaughter is unjustifiable. But, Mr. Pearce did not the less recommend abstinence, and it becomes a scientific question to determine whether he was right or wrong in recommending his patient to abstain from food. I have no hesitation in testifying my approval in favour of the abstinence prescribed by Mr. Pearce; according to my judgment there is not a more dangerous treatment than that of giving aliment during the progress of acute disease, and more particularly in cholera cases. Food either solid or fluid should be interdicted most strictly during every stage of the disease. It is only with the greatest care nourishment should be allowed when in a convalescent state as previously the patient cannot digest, and the most serious results infallibly attend the administering of food even in the smallest quantity. These opinions as to the necessity of abstinence from food in acute disease, I am ready to substantiate by actual facts, and by the testimony of the best authors in medical science, from the days of Hippocrates to the present time.”

At this period of the case Mr. Davis would have been re-examined by counsel in relation to the following facts:—

Mr. Davis will admit a conversation with defendant on Wednesday, the day before the first adjourned inquest was held. Defendant went to him in pursuance of an invitation from witness. The following is copied from defendant's memorandum of the interview:—“On the evening of the 25th September, I visited Mr. Davis at his request. He appeared very friendly. I remained with him about an hour and we conversed freely about the case of my late brother, and the coming inquest. He remarked that when he was called in and attended my brother, he was not aware that he had had Asiatic cholera, he found him suffering from diarrhœa: that he had

SECT. V. fifteen actions of the bowels and that he was in a very weak condition : that he ordered him a glass of brandy, followed with beef-tea, after which he had milk and water given him, and brandy repeated together with stimulant medicines. The diarrhœa was checked but he died the following morning. On my interrogating him as to the post-mortem appearances, he said he found the right side of the heart congested, lungs congested, liver and kidneys also congested, gall-bladder empty, and urinary-bladder empty. He had only time to 'just look' at the viscera, he said, and the stomach he handed to his son to examine. The intestines, he said, were empty, but *he did not open them*. The time was short, he said, for he had a sudden notice on the day of the inquest, to make the post-mortem examination, it was then 2 o'clock, and the jury was to sit a quarter before 4 ; in fact, said he, the body was so offensive, I was glad to hurry out of the room. The brain he had not examined nor any part of the nervous system. On questioning him as to the appearances presented after death from cholera, I found his knowledge very limited, but he thought the congested organs indicated cholera. I questioned him so closely as to his knowledge of anatomy, that he admitted that when he was a student, subjects cost about £18 each, and hence beyond his reach. He at parting begged as a favor, that I would refrain from mentioning our conversation, or that we had had the interview."

Catherine Stedman, 8, Belmont-row, Nine Elms, Vauxhall, will state : That she was in a situation as servant with Mr. Whimble, 20, Canterbury-place, Lambeth, was attacked with cholera in September last, was treated by the medical man of the family, viz., Mr. Colombel, residing at Lambeth-road. After two days her mother was sent for, but Mrs. Whimble tried to prevent her being treated homœopathically. The mother, however, persisted, and she was taken home on a bed in a coach, and placed under the care of Dr. Epps. She abstained from taking anything but medicine and a very little cocoa, about half a pint, until the Sunday following, when feeling much better she was induced to take a little toast and cocoa, and a very small piece of very light pudding. On Monday morning at 4, she was worse than ever, she was then eight days without tasting anything but the medicine, a little cocoa and cold water. She is now recovered and is perfectly persuaded that she would have died had she not been treated homœopathically, that is, refrained from food. A sister was seventeen days without tasting anything, by direction of Dr. Epps, but this was not a case of cholera.

Edward Cronin, M.D., Loughborough-road, Brixton, will state : That he has been in India and Persia for some years as a medical man, and whilst in those countries, and also during the late visitation here, has been called largely to attend cases of cholera of the worst kind : that it is wit-

ness's opinion that entire abstinence from food is essential to the successful treatment of cholera, and of the typhus fever, which frequently follows it: that witness can speak to the marked success which has attended the homœopathic treatment of cholera: that from witness's experience as an allopathist, when connected with a large fever hospital in Dublin, he has frequently known nurses dismissed for allowing patients, in typhus and other fevers, much less pernicious food and in less quantity than that given to the deceased: that witness is perfectly satisfied that serious mischief must have resulted from what was given to the deceased: that any intelligent and honest practitioner of the old school would judge in this particular the same at witness.

William Docksey will testify that he was a patient of Dr. Epps: That he had been treated at Guy's Hospital, but without any benefit: that he had afterwards been treated by a surgeon, in Commercial-road, but became worse: he, in August, 1849, came under Dr. Epps's care, and he improved till Sept. 3rd, when he was much worse again; Dr. E. inquired whether he had had any great trouble to cause him to be worse; he told Dr. E. that he had just buried his daughter, aged 26, who had died of cholera, and one of his grandchildren was lying dead of cholera, and another was dying, if not dead. William Docksey will testify that he stated to Dr. Epps, that the surgeons (two attended) gave the three patients some medicines to stop the purgings and the vomitings, and *they never recovered their senses after taking the medicines.* Dr. E. told him, on reaching home, to examine the children not buried, and see if they really were dead, as perhaps they were only in a stupor from opium. The same day, William Docksey will testify, he, with his son-in-law, the father of the children, came back to Dr. Epps, and stated that one of the children, namely, Nathaniel Cannon, was alive; although the surgeons who attended the child told the parent, on the Saturday preceding the Monday when William Docksey saw Dr. E., to give the child no more medicine, as it was of no use: that the child's death might be expected every minute: he could not live a few hours. William Docksey will testify that Dr. E. prescribed for the child, and though during the treatment he never saw the child, the child was cured, and is now in perfect health: and that the child took *no food but cocoa for seven days.**

William Brewer, Fort-place, Grange-road, Bermondsey, will testify that he has been captain of an East Indiaman: that he has been several times to India: that he has seen much of the Indian cholera: that he himself

* Additional particulars of this case are recorded in the *Journal of Health and Disease and Monthly Journal of Homœopathy* for October, 1849, p. 99. Messrs. Piper, late Sherwood and Co., Paternoster-row.

SECT. V. was seized with cholera, and his life was despaired of, and that he *took nothing but a little liquid food for twelve days*, while under treatment.

George Coles, of Clapham-park, merchant, will state: That his wife, while under an attack of typhus fever, abstained from food and took nothing but water, or toast water, for nine or ten days: that at the end of this period, under the impression that the symptoms were sufficiently subdued, she partook of a little beef-tea and bread, but the fever returning, she was again compelled to fall back upon water, and another period of nine or ten days elapsed without her tasting food: that on the subsidence of the fever, beef-tea diluted was administered sparingly, and subsequently bread was allowed, and she then rapidly recovered: that the patient was attended by Dr. Curie, and witness cannot but feel that the treatment pursued by Dr. Curie was judicious, and that but for the strict observance of his rules and instructions, a far different result might have ensued.

The evidence, a rough outline of which has been thus presented, would have completely established the propriety of Mr. Pearee's medical treatment in its general points. After the delivery of such evidence, and after the cross examination which would have taken place, the philosophic character of homœopathy would have been patent. Mr. Davis may thank his good fortune that the case broke down before it required his assistance: for pitiable would have been the figure that he would have presented, had he been placed in the witness box. It is to be hoped that the fear he experienced at the thought of being so placed, will have created in him a determination to exercise the precaution of, in future, most carefully considering the opinions he ventures to give, opinions which, in this case, subjected a gentleman to the treatment of a criminal.

CHAPTER X.—*Depositions taken before the Coroner.*

It is deemed necessary, in order to complete as far as possible this extraordinary case, and to give all the data necessary for medical men, centuries hence, to have a most full view of the animus existing towards homœopathy at this time, to give the depositions which the coroner put into court.

Eliza Higgins: I reside at No. 86, Mary-street, Hampstead-road. I am a single woman. I was present at the death of Richard David Pearce,

which happened at half-past ten o'clock, on Tuesday the 18th day of September. He died at No. 86, Mary-street, in this parish. He was taken ill last Saturday week, the 8th day of September, with a violent bowel complaint, and he got worse in the night. SECT. V.

On Sunday, the 9th day of September, he had Dr. Harris to see him, and Mr. Charles Thomas Pearce, the deceased man's brother, saw him also, and took him (the deceased) out of Dr. Harris's hands the same day, and Mr. Pearce then attended deceased himself as a medical man. He is a homœopathic doctor, who resides near Park-road. Dr. Harris called on the deceased three times afterwards in a friendly way, but not medically, and told Mrs. Pearce (the wife of the deceased) in my presence, that he was in great danger.

Mr. C. T. Pearce went on attending his brother as a medical man up to Wednesday the 12th September. Mr. C. T. Pearce, the doctor, then became ill himself, and discontinued his visits, and directed that we should send and let him know how deceased was every day; a friend of the deceased used to call on his brother and state how he was going on, and the brother used to send medicines, but did not see him. The deceased was allowed very little to drink, and not allowed any nourishment except a little thin gruel. He had some beef-tea and arrowroot, but this was after his brother had ceased to see him. I do not know who ordered it.

Mr. Davis, a medical man, saw the deceased on Monday night, the 17th September. He was sent for, because the deceased was much worse. The deceased was continually wanting and asking for food. I have heard the deceased complain every hour in the day of his wanting food; and he said that he was being starved to death; he said this the night before he died, and for some days before he died. And for some days before he died, he made no complaints except of want of food. I heard Mr. C. T. Pearce (the deceased's brother) say to the deceased man's wife that her husband was to have no food.

John Davis: I am a member of the college of surgeons. I was called to see the deceased, Richard David Pearce, on Monday, the 18th day of September, at 9 at night. I found him extremely emaciated and suffering from sheer exhaustion. I immediately ordered a glass of brandy and water and nourishment and medicine. I saw him again at eight o'clock on Tuesday morning, he was then dying. On the previous evening he said he had been starved by the homœopathic system. I ordered him to have brandy and water, beef tea, and milk.

I have made a post mortem examination, and found the liver and kidneys congested with blood, right side of the heart congested, gall bladder empty, lungs congested: there was no fat. The bladder was empty, there was a small quantity of liquid in the stomach, about an ounce, a brown liquid. I have, with the assistance of my son, analysed a portion of the liquid and found a small quantity of arsenic, but not sufficient to cause death: the cause of the death was exhaustion caused by the want of sufficient food and nourishment, and congestion. The lungs were sufficiently congested to cause death: there were no signs to lead me to suppose the deceased had had the cholera; the appearances of the viscera were not such as you meet with in cholera.

Having heard the statement of the witnesses, the progress and illness of the deceased and his medical treatment, and connecting the facts related with the appearances of the body, externally and internally, when I made the post mortem examination, I am still of the same opinion as to the cause of death, namely, the want of sufficient food and nourishment, and congestion.

Jane Pearce (the wife of the deceased man): He was first taken ill on Saturday, the 8th of September; he was relaxed in his bowels. On

SECT. V. Sunday morning, the 9th of September, I went for Mr. Harris, who told me it was cholera. Mr. Harris saw him three times, the deceased's brother also came. Mr. Harris saw the deceased in the evening. Mr. C. T. Pearce (the deceased's brother) then went to see Mr. Harris. Mr. Harris did not attend the deceased after that day. Mr. C. T. Pearce told me, he had taken his brother to himself from Mr. Harris, and that he would treat him himself. Mr. C. T. Pearce went on attending the deceased up to the 12th of September, and did not see him after, and told me not to give him anything to eat or to drink, except the medicine. The last time Mr. C. T. Pearce saw the deceased, was on the 12th of September, and he wished me daily to let him know how he was (which I did), and he sent medicines, but did not see the deceased. I asked him if I might give him something to eat, and he said "No, you will kill him." I gave him a little gruel and a little beef-tea, (against the order of Mr. C. T. Pearce), because my husband said he wanted food, and he would have it. On Monday, the 17th of September, I went for Mr. Davis. Mr. Davis came and said he was sinking from want, I gave him what Mr. Davis ordered. On Friday, the 14th of September, he went out into the garden: he was very exhausted when he came in, and was quite light-headed. I gave my husband some food (against the orders of Mr. C. T. Pearce) on Thursday, previous to his death. The food was beef-tea and he kept it on his stomach.

John Hasted: I reside at No. 62, Clarence-gardens, and am a tailor. I have known the deceased man for eight years, his health was good, I saw him on the 11th day of September, he was very feeble, weak, and ill. On Tuesday, the following day, I was sent for to go to his brother. On Thursday, the 13th of September, I went to see the deceased and fancied he was better, and they sent me to see how his brother was, who was ill. I went to fetch medicine from Mr. C. T. Pearce for his brother, twice on Thursday, the 13th of September, and once on each day up to Sunday, the 16th of September. On Thursday, previous to his death, the deceased man asked me to ask his brother (Mr. C. T. Pearce) to let him have some nourishment as he was starving, but his brother refused. Mr. C. T. Pearce said, he must not have beef-tea, and no food but a little arrow-root and gruel: this was on the 13th day of September.

Sarah Payne: The deceased man was my son-in-law. I saw him last alive the day he died, viz., 18th of September. I was sent for on Sunday, the 9th of September, and found he was very bad, and he said he had cramps. I saw him once a-day up to his death. I saw the deceased man's brother, (Mr. Charles Thomas Pearce,) there on Sunday, the 9th day of September. I heard Mr. Charles Thomas Pearce say to the deceased man's wife (Mrs. Pearce), that he was to have no food, this was on Tuesday, the 11th of September. The deceased man said he always wanted food, but his brother Charles did not wish him to take it. On the 12th of September, I gave him a cup of tea and a bit of toast, because he said, previously, "For God's sake do or I shall be dead before the morning." I gave him the tea and toast, and he kept both on his stomach.

Richard Harris: I reside at 43, Gower-street, and am a member of the College of Surgeons. I was called to see Richard David Pearce on Sunday, the 9th day of September, I found him suffering from cholera with cramps, purging and vomiting. I saw him four hours afterwards. I again saw him at 9 o'clock, the cramps and sickness were relieved in consequence of the medicine I gave him. Mr. C. T. Pearce called in on me the same evening, (Sunday, the 9th of September), and after some remarks said, he should like the homœopathic system adopted with his brother, and in consequence of that, I left the case to him. I was not aware that he was not a qualified man. He asked me to call and see his brother as a friend

which I did, but not medically. I told the brother (Mr. C. T. Pearce) I could not attend professionally in concert with him, inasmuch as I was totally ignorant of the doctrine of homœopathy. On the 10th, I saw Richard David Pearce and he was much relieved, and I fancied it was from the medicine I had given him. I gave up the patient at the request of Mr. C. T. Pearce. It was my opinion that the man died from disease. I did not see him professionally after the 9th. SECT. V.

Charles Thomas Pearce on being sworn and duly cautioned said: I reside at 3, Taunton-place, Park-road. I am a medical student and not a member of the College of Surgeons. On the 9th of September, I was sent for to see my brother (the deceased). I found him ill with cramps and purging, and suffering from Asiatic cholera. My brother wished me to treat him. I treated him homœopathically. Mr. Harris consented to give up the case to me. On the 9th, the first day I saw him, he was then in a dying state. On the 10th of September, he was much better but craving for food, which I denied him. I gave him Belladonna and Arsenic. On Monday, the 11th, Mr. Harris saw the deceased, and congratulated me on the deceased's improved appearance. On the 12th, I saw him last, and he was evidently better. On the 14th, at 8 o'clock in the evening, a message came to say he was worse and wandering in his head. I understood he had been into the garden against my orders. On the 17th day of September, a messenger came and a remark was made, that it was a shame I did not see him. I denied him food because he was suffering from cholera.

Henry Kelsall: I reside at 6, Surrey-place, Old Kent-road. I am a Fellow of the Royal College of Surgeons. I profess homœopathic principles. I have been twice round the world and have had much experience in cases of cholera. I was formerly a surgeon in the navy: my opinion is, that no food should be given to a person attacked with cholera, until he is convalescent. I have had patients under my care without their taking food for a longer period than ten days. Arrow-root was wrong to give to a person labouring under cholera. I have had at the lowest number a hundred cases of cholera and have only lost ten patients. Craving for food is a symptom of cholera.

CONCLUDING REMARKS.

The facts and the views published in this statement will, it is believed, be the means of establishing in the public mind the injustice which has been practised against Mr. Pearce, and through him on homœopathy. They will further demonstrate that injustice recoils on those who practise it. They further exhibit the importance of trial of jury before a properly qualified judge. They further demonstrate that a necessity exists for an appeal to parliament: that as there are no steps which can be taken in a court of law against the deputy-coroner for his proceedings in this matter, the Houses of Commons and of Lords form the great National Court before whom the matter must be brought: and this the Committee of the English Homœopathic Association have decided to carry out: and

SECT. V. they will bring before the House the point whether or not the law, which allows the coroner to appoint his deputy, in this case, viewing the position held as judicial, a stripling, should be repealed; for the electors of Middlesex, it is certain, would not have selected Mr. *H. M.* Wakley as the coroner had the choice been left to them; they chose Mr. *Thomas* Wakley, but did not consider that such appointment enabled the father to postpone their selection of another coroner, if he found himself unable for the performance of the duties.

The Committee have the pleasure to add, that the expenses incurred in the defence of Mr. Pearce, amounting to nearly two hundred pounds, have been supplied by the friends of homœopathy, and Mr. Pearce has not had to pay anything; and although the treatment he has endured is one truly painful, he will feel satisfied in the fact, that such treatment has excited a general expression of indignation, and has, as producing such a state of the public mind, done much to promote the progress of that truth which Mr. Pearce has served so faithfully.

FINIS.

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